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PRINCIPAL INVESTIGATOR: Jose Costa, M.D.

CONTRACTING ORGANIZATION: Yale University School of Medicine
New Haven, CT 06520-8047

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13. ABSTRACT (Maximum 200) <p>The description of work accomplished is presented under five headings: i) collection of samples; ii) establishment of a database; iii) preparation and distribution of samples; iv) development of assays relevant to breast cancer; and v) supplemental activities.</p> <p>i) We have established protocols for collection and utilization of tissues at Yale and at fourteen off-site hospitals. We also have initiated or obtained IRB approval in all sites, and have trained/are training technical personnel.</p> <p>ii) We are implementing the database proposed in the original application. In addition, we have initiated a data exchange program with the Yale Cancer Center, Yale-New Haven Hospital, and the Yale Tumor Registry.</p> <p>iii) We have collected in the past year a total of 3754 samples of breast tissues from 1016 cases. We have distributed 8335 tissue-derived products to investigators.</p> <p>iv) We have developed assays to assess the status of p53, Ki-ras, cyclin D-1 (PRAD), neu/erbB-2, microsatellite variability, p16 (MTS), AP-2, human Dishevelled (hDsh), phospho-neu/erbB-2 (p185), and others.</p> <p>v) We participate in a working group addressing the ethical and legal issues raised by storing samples linked to medical information concerning individual patients.</p>				
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Introduction

In Year 2 of The Program for Critical Technologies in Breast Oncology (PCTBO), we have expanded services that were initiated in July 1994 to establish a core technical and tissue procurement resource that: i) maximizes access to human breast tissues and tumor DNA for basic investigators; ii) facilitates the application of molecular technologies in clinical breast oncology; and iii) makes such technologies routinely available to clinical investigators. This program builds on Yale's existing Program for Critical Technologies in Molecular Medicine and the Tissue Procurement Core Facility of the Yale Cancer Center, and complements in a rigorous and planned way the Yale Tumor Registry and Yale's Rapid Case Ascertainment System. Thus it makes possible for several resources to have a special focus on breast cancer and related diseases. The existence of a Breast Cancer Research Program (Dr. Michael Reiss, P.I.), developed with the resources of the Yale Comprehensive Cancer Center in 1995, increases the utilization of the PCTBO infrastructure to near maximum capacity.

Body of Report

We have organized the body of our annual report to follow the tasks delineated in the original proposal's Statement of Work: i) collection of samples; ii) establishment of a database; iii) preparation and distribution of samples; iv) development of assays relevant to breast cancer. In addition, we include a final section v) which summarizes work completed to date for the one-year (November 1995 to October 1996) supplemental grant awarded by the National Action Plan for Breast Cancer.

Task 1) Centralize collection of fresh, fixed, and paraffin embedded breast tissue samples from patients treated at Yale New-Haven Hospital and other hospitals in Connecticut.

Year 2-1a) Expand fresh breast tissue catchment area to include remaining phase I hospitals and some additional phase II hospitals

During the year 2 of the program, we have contacted eight more institutions in the state of Connecticut to initiate the off-site collection program. We now have interactions with all of our Phase I hospitals, and 3 of our Phase II hospitals. The pathologists at these sites have been informed of the program and the technical personnel have been instructed in collection protocols. In all sites visited a liaison pathologist and/or technician have been designated and we have begun the process of obtaining Institutional Review Board approvals.

Ongoing committee discussions and the complex nature and rapidly changing environment surrounding ethical use of human tissues and paraffin blocks made our application for extension of collection to off-site hospitals a non-trivial request. After months of discussion and work with Yale's Human Investigation Committee, we were forced to develop an amendment to our original protocol. Unfortunately, because of administrative backlogs and the loss of the Chair of the Human Investigation Committee at Yale, our application was further delayed. Until we had approval (finally received in June 1996, appendix 1), we could not approach the off-site institutions' Institutional Review Boards for approval of collection protocols. However, as of May 1996, all hospitals have received submissions for their IRB review. The first two committee meetings (Danbury Hospital, St. Francis Hospital) will occur in early August, and committee meetings for the other submissions should occur at the latest by early fall [some smaller IRBs do not meet over the summer]. As of June 30, 1996 the following hospitals have begun collection and/or are in the process of reviewing IRB applications to participate:

Table 1: List of Off-site Hospitals

Hospital & City	Date of Initial Contact	Contact Pathologist/ Department Chair or HIC/ Collection Technologist	Date of IRB approval
Yale-New Haven Hospital, New Haven, CT	8/94	Darryl Carter, M.D. Jon Morrow, M.D., Ph.D. Leticia deDios, M.D.	7/94, reapproved '95 and '96
Veterans Hospital, West Haven, CT	9/94	Robert Homer, M.D. Gary Stack, M.D. Leo Kelley, P.A.	submitted 5/96
Greenwich Hospital, Greenwich, CT	10/94	Richard Eisen, M.D. Stephen Gray, M.D. Claire Arkemone, H.T.	7/95, reapproved 6/20/96
Bridgeport Hospital, Bridgeport, CT	11/94	Gustave Davis, M.D. Gustave Davis, M.D. Pam Thomas, P.A.	submitted 5/96
Danbury Hospital, Danbury, CT	3/95	Raoul Braza, M.D. Ramon Kranwinkel, M.D. Mary Davis, Ph.D.	to be reviewed 8/19/96
Norwalk Hospital, Norwalk, CT	4/95	Gustavo Reynoso, M.D. Gustavo Reynoso, M.D. Margaret Keane, H.T.	submitted 5/96
Hospital of St. Raphael, New Haven, CT	5/95	Paul Fiedler, M.D. Romeo Vidone, M.D. Gail Barricelli, M.T.	11/94, reapproved 11/95
The Stamford Hospital, Stamford, CT	8/95	Michael Lotz, M.D. Michael Parry, M.D.	submitted 5/96
The Waterbury Hospital, Waterbury, CT	8/95	William Frederick, Ph.D., M.D. Moses K. Lieberman, M.D.	submitted 5/96
St. Mary's Hospital, Waterbury, CT	9/95	Dwight Miller, M.D. Jeffrey Levine, M.D.	submitted 5/96
The Griffin Hospital, Derby, CT	1/96	Stephanie Wain, M.D. Vincent deLuca, Jr. M.D.	submitted 5/96
Manchester Hospital Manchester, CT	3/96	Dennis O'Neill, M.D. Dennis O'Neill, M.D.	submitted 5/96
St. Francis Hospital	3/96	George Barrows, M.D. George Barrows, M.D. Ernesto Canalis, M.D.	To be reviewed 8/13/96
Lawrence & Memorial Hospital	4/96	David Nelligan, M.D. James F. Sullivan, M.D.	submitted 5/96
Hartford Hospital Hartford, CT	5/96	Martin Berman, M.D. Robert Siegal, M.D.	submitted 5/96

Year 2-1b) Modify and enhance off-site tissue collection protocols to allow custom protocols designed to enhance RNA/DNA stability, and for selected institutions, the collection of viable tissue in culture medium

Year 2-1c) Continue off-site training and monitoring of tissue collection personnel

We have defined and implemented protocols to obtain fresh frozen tissue. (See appendix 2). Given the present trend in diagnosis and therapy of breast masses we have taken two approaches. The first is to continue with an aggressive prospective acquisition of samples of tissue that are prepared and embedded in OCT medium such that frozen sections can be cut from the samples. If extra tissue is still remaining, additional aliquots are bulk-frozen in tissue cassettes in liquid nitrogen, and also, when requests are outstanding, collected in a fresh, viable manner. The larger tumors, from which "bulk" specimens are available, can be used for nucleic acid or protein extraction after grinding the frozen tissue under liquid nitrogen in a mortar and pestle to obtain a fine frozen powder. Both the fast freezing and optimal maintenance of the samples (e.g. always transported on dry ice) have enhanced nucleic acid stability.

The second approach we have taken is applicable to samples such as small biopsies for which excess tissue is often not available from a gross specimen. In these cases, we can obtain extra frozen sections at the time a clinical section is done during an intra-operative consultation. Once the pathologist has concluded the consultation on a frozen specimen, an extra 10 sections are cut and stored on slides that are kept frozen at -80° C for future use. The remainder of the frozen specimen is handled as usual by the pathologist. We should note specifically that these slides are handled in the same manner as are the larger samples: no research use is made of any material before at least one week has elapsed after the final pathology report has been issued.

Year 1-1d) Develop a mutual tissue sharing arrangement with Hartford Hospital (a University of Connecticut affiliate) to enhance breast cancer research at both the University of Connecticut and Yale University.

Note that in year one, we were unable to accomplish task 1d. The administrative/political roadblocks preventing us from pursuing this task have been overcome, and this task has now been accomplished (see letter of collaboration in appendix 3). This positive resolution of an item made complicated by issues of managed care is an indication of the high regard afforded the Program for Critical Technologies in Breast Oncology, and a recognition of the far-reaching research that can be a result of the services provided by the Program.

Task 2) Establish comprehensive database linked to the CTBO tissue bank & designed to support multidisciplinary studies that utilize tissue samples

Year 2-2a) Continue information collection at Yale-New Haven Hospital (on-line database incorporating data items outlined, computer network interfaces, protocols, and procedures to assure collection of the information outlined).

Last year we established the protocols to implement the database as proposed in the original application. The data files are resident in a Macintosh PowerPC 7100 fileserver and were created using FileMaker Pro 2.0 software. With the release of FileMaker Pro version 3.0 in early 1996, we are in the process of completely redesigning the database files to take advantage of the fully relational aspects of the new FileMaker version, and expect to make the complete conversion to the

new database by the end of the year. In addition to this major re-working of the PCTBO's own database, we have made significant strides in pursuit of interfaces with other computers and data sources.

To respond to the long term need to provide ease of access to data on all databases for use by researchers, we have done much further work with the Yale Comprehensive Cancer Center [YCCC] and Yale New Haven Hospital. When the reorganization of the Clinical Research Office [CRO] at the YCCC was completed in late 1995, we met with Drs. Lee Schacter and Daniel Zelterman of the CRO to define common goals and potentials for sharing information and resources between the CRO and our core facility of the PCTBO. At a meeting in January 1996, we explored the efficacy of implementing a data warehouse architecture, where one could define and regularly download applicable data from existing systems onto data warehouse running Oracle or some other database product. This would allow users running database query software at their desktops to query information from the data warehouse, reducing demand on the programming resources of existing systems, including the Pathology Information System and the Yale-New Haven Hospital Tumor Registry. Needed to accomplish this would be a multitasking computer (with ethernet and TCP/IP capabilities, perhaps Alpha or RS6000 or Sun Workstation) and hard disk storage; software for data storage (Oracle, Sybase, etc.; multivendor rather than specialized); programming staff to define, configure, maintain, and archive the database (perhaps 2.0 dedicated full time employees). Issues to be resolved include 1) security (including linking Human Investigation Committee approval to parts of the database and masking patient identifiers); 2) costs; 3) definitions of data to be stored on the warehouse; 4) responsibility for implementing and maintaining the warehouse. Once funding is obtained for this project, and once the resources are in house, implementation might be accomplished in 6 to 9 months.

As of July 3, 1996, the YCC Clinical Research Office is purchasing Oracle and hiring a programmer to create a datawarehouse/database to manage clinical trials. There is a real opportunity to piggyback on or expand the scope of their project, and this goal will be actively pursued in year three of the PCTBO.

In addition to meeting with the CRO, we also have had ongoing interactions with Yale New Haven Hospital. The hospital, for reasons of more efficient management, state reporting requirements, and the goal of daily updates from all areas of the hospital, is working towards combining data from all of its computers. This project is making progress even with limited resources, and although it is transaction-oriented and not designed for research use, the fact that longitudinal data tracking will be more easily accomplished can in fact be made to serve research use as well. Our meetings to date have proved quite productive. The hospital is in Phase I of a three-phase plan (see appendix 4, Clinical Archive Database), and working on the emergency department, ambulatory surgery, and inpatient clinic records collection on a daily rather than monthly schedule. The data involved will include all doctors orders and the operating room schedules. Although the Yale Physicians Building (where many breast cancer patients are seen and treated) is not in their Phase I plans, these data will be included in Phase II, to be started in late 1996. In the interim, we continue to actively collaborate with people from Hospital Management and Information Systems, and for the shorter term, we are discussing the possibilities of prospectively designing additional fields in the Clinical Archive database that will serve breast cancer research needs (see appendix 5).

Year 2-2b) Expand comprehensive information catchment to include several phase I hospitals

Year 2-2c) Establish remote link with at least one phase I hospital to allow on-line data acquisition.

With the institution of tissue collection routines from phase I hospitals, we have also been successful in retrieving information about the tissue specimens. Pathology reports at a minimum

are submitted for each specimen, and this information collection is coordinated and accomplished by the travelling technician for Rapid Case Ascertainment. All hospitals from which tissue is retrieved are supplying this comprehensive information. However, after information is recorded, we "anonymize" the tissue and related information because we have only IRB approval for use of anonymous samples.

Remote data collection is now possible via modem access to the PCTBO FileMaker Pro database through AppleTalk Remote Access software. Appropriate security precautions have been thoroughly investigated and implemented, and Greenwich Hospital's Department of Pathology is the first off-site location to make use of this extremely efficient form of data transmission. Basic information about the breast tissue specimens collected at Greenwich is now able to be directly entered into the database by personnel at a terminal at Greenwich. We continue to collect Pathology Reports from that site as we assess the quality of remote information entry; however, the utility and speed of on-line data acquisition has already been proven. The feasibility of direct downloading of data from pathology reports into the PCTBO database is currently under investigation; the degree of compatibility between Greenwich's information system and the PCTBO database will determine the amount of programming that will be necessary to achieve this goal. In the interim, copying and pasting of relevant data is utilized, since this method also allows human review of appropriate information entering the database.

Task 3) Prepare and distribute breast tissue samples from the CTBO repository to investigators

Year 2-3a) Continue tissue and DNA/RNA collection and distribution

Protocols for tissue request and distribution continue to function well. We have designed a specific tissue request form to supplement the information and service request forms already in use (General Information, Universal Precautions, and HIC Approval) and to include the capability for investigators to request DNA and/or RNA from breast tumor samples (see appendices 6 to 9). We continue to work closely with the Yale Human Investigation Committee to insure that all programs involving research use of samples of archival or fresh frozen human breast tissue are channeled through the PCTBO. To date, most of the demand has been for archival paraffin tissues; as frozen samples are accumulated, these sample sets are increasingly being requested.

Extraction of DNA from frozen sections and from archival paraffin tissues is routinely done in our laboratories. Extraction of standard quality RNA from thick (10-20 μ m) frozen sections (and in some cases from paraffin blocks) is also routinely accomplished. Extraction of very high quality RNA is in the process of being developed and tested. Our preliminary results suggest that obtaining very high quality RNA that will allow sophisticated quantitative display of the genes expressed in a tissue sample requires immediate and instant deep freeze of the tissue in the operating room. Given the minimal size of the breast biopsies and the lesions contained in the tissue, collection of very high quality RNA will be limited to large tumor specimens.

Over the past year of collection (see appendix 10), we have obtained 1016 parts from breast cases, drastically up from the 589 parts collected last year from breast cases. The major reason for this increase is the fact that frozen section slides are increasingly collected at the time of diagnosis, and held in the bank until the case is signed out. A total of 3754 samples of breast and breast related tissues were collected in the past year; again, compared with the 2289 samples collected in the previous year, collections of individual breast samples are up 64%. Of these, frozen tissue accounts for a total of 2634 samples (1529 samples last year). The others were collected and distributed in other forms, including fresh, fixed, or paraffin-embedded. A detailed list of cases collected is included in the appendix \$.

New collections of excess breast cells from the Cytology section of the Department of Pathology was started in collaboration with Dr. David Rimm, cytopathologist. See appendix 11 for list of these specimens. The excess volume of fine needle aspirations (collected with a Cyctec apparatus) have been stored and catalogued, and are available for research use. This new source of breast cells will likely prove to be of enormous value even within the next year: Dr. Rimm is currently developing and evaluating protocols for varied uses of the excess specimen (which are fixed in a proprietary mixture, with an expected shelf life of months to a year.)

Distribution of breast tissues and tissue products has occurred from two different modules this year: tissue distribution from cases collected during the period July 1995 to June 1996 are summarized in the appendix 12 report "Tissue Distribution," and total 1910 samples. The additional distribution of 5606 tissue products produced from breast specimens by the Research Histology component of the PCTBO are from frozen breast samples collected in the first year (1994-1995) of the program. These distributions are summarized in the appendix 13 "Analysis Report: PCTBO/Histology Usage by PI." The large number distributed from previously banked samples only serves to emphasize the enormous power of the system of centralized collection and critical distribution of only those types and amounts of tissues actually needed by each investigator. The fact that 89% of all breast samples originally collected still have some tissue left in the bank represents a dramatic increase in numbers available for further research.

Year 2-3b) Continue inventory and review of paraffin archive, with indexing to CTBO database

With our continuing work on the resource of archival paraffin specimens, the paraffin archives themselves have been substantially improved. We have successfully finished the complete reorganization of over 3 million paraffin blocks, and physically sorted and refiled all blocks. (See appendix 14 for organizational map of locations.) The warehoused locations of the paraffin blocks have been consolidated from 3 separate sites to 2 closer, climate-controlled sites. These overall improvements have made a huge difference in ease of use of this most valuable resource.

Of 900,000 cases available in paraffin from the pathology archives, data from the Yale Tumor Registry indicate that 10,750 are of breast cancer, including both invasive and in situ. In the past year, we have identified specific pathology accession numbers for 5285 of these, or almost 50% of the total. (See appendix 15 and 16 for the report definitions and samples of the identified case printout.) We have started with cases accessioned during the time period 1983 to 1994, because the pathology reports currently available on computer start in 1983, and the Yale Tumor Registry has complete follow-up information through 1994. We are in the process of identifying specific blocks from each case in which breast cancer is present. This labor- and time-intensive process was started with identification of ductal carcinoma in situ cases. During the above-mentioned period, the Tumor Registry data pointed to 256 cases with DCIS with no invasive component. We reviewed pathology reports, identified likely blocks for pathologist review, and cut and stained H&E slides from these blocks. We developed a comprehensive list of all specific blocks with DCIS (see appendix 17), a major accomplishment and one which has already been taken advantage of by several investigators at Yale.

For identification of invasive carcinoma cases, our work should be much easier. As compared to DCIS, which is often focal, the invasive tumors tend to be much larger. Review of pathology reports to find the designated tumor block on a trial basis this year has shown us that H&E slides will probably not be necessary for identification of approximately 80% of invasive cases. Reliance on the path report for tumor ("T") or primary tumor ("P" or "PT") block designations is sufficient for most of the invasive cases.

For breast cases prior to 1983, pathology final reports dating 1915 to 1983 have been entered on computer-readable media and are ready to be loaded onto the Pathology Information System. The previous Pathology VAX 11785 mainframe computer has been replaced with a DEC AlphaServer 2000 and has yielded a much faster system. A new full-time employee of the Pathology Department has assumed responsibility for the Pathology Information System; with this expansion of available personnel, the older pathology reports on computer media should be installed, debugged, and functioning by end of 1996. Refinements of the system will definitely occur such that older cases will be merged with current patients. This merging will ensure that older specimens will be able to be identified for patients who are in the current database, 1983 to present. Overall, when the inventory and computerization work is done, complete records on over 900,000 cases will be able to be searched; all of these cases have paraffin blocks available in the archives. Review of the remaining 50% of breast cancer cases can continue at that point.

Year 2-3c) Establish on-line access via University network for selected data in CTBO tissue database

Year 2-3d) Advertise availability of breast cancer tissue for research at Yale and University of Connecticut

The Yale Comprehensive Cancer Center's Breast Cancer Research Program meets on a monthly basis for presentation of research seminars and ongoing communication among all breast cancer researchers at Yale School of Medicine, Yale University, and Yale-New Haven Hospital. At these monthly gatherings we present information about the currently available breast tissue (frozen and paraffin-embedded), as well as general information about the ability to set up prospective collection protocols and our interface with the Yale Tumor Registry for identification of breast cancer cases. Printed information about our program has been sent to the University of Connecticut hospital affiliates, and the Program for Critical Technologies World Wide Web page is accessible at <http://info.med.yale.edu/pathol/crittech/ct.htm> (best viewed with Netscape). In the next year of operation of the Critical Technologies Program, information and access to the Tissue Products Module will be available on the Web (pending complete resolution of security issues) in a form similar to that currently seen for the Oligo Synthesis Module, including a complete list of available tissues and tissue products with matching diagnoses, and menu driven request forms.

Task 4) Develop and offer on a minimal fee-for-service basis routine molecular and histologic tissue analyses of relevance to breast cancer. Of particular interest are assays that can be carried out on minimal tissue samples.

Year 2-4a) Establish procedures for the routine performance and reporting of [assays from year 1: p53, prad, ras, neu, microsatellite repeat variability, histochemistry and immunohistochemistry].

The detailed methods developed in year 1 and reported in our annual report of July 1995 have been standardized for routine performance upon request of investigators. These include a functional assay for p53, PCR analysis of PRAD-1 (Cyclin D1), assay for NEU oncogene function. Somewhat surprisingly, researchers most often request immunostains for various oncogenes and tumor suppressors, including p53, neu, alpha-catenin, E-cadherin, and bcl-1/prad-1, rather than PCR-based assays. We have worked extensively on further refinement of immunostaining protocols, including specific work to adapt and optimize use of commercially-available antibodies on paraffin-embedded tissues. Often these antibodies have not been tested on paraffin sections, and we have been successful in a number of cases. Two protocols were very effective: the use of recent antigen-retrieval method of pressure-cooking, and use of a commercially available "one-step" method of staining (Dako EnVision system, antibody and HRP coupled to an inert polymer

backbone; or "universal" secondary with poly-HRP). Both of these techniques can be applied to any immunohistochemical staining protocol. Pressure-cooking can also be utilized in immunoblots.

Year 2-4b) Establish protocols for analysis of at least three additional genes.

As noted above, because most investigators are interested in immunohistochemistry-based assays for changes in oncogenes and/or tumor suppressor genes, in this second year of the project we have concentrated on this type of molecular analysis (see appendix 18). We currently have protocols for use of either commercially-available or lab-made antibodies for a wide range of proteins implicated in breast cancer, including p53 (5 different antibodies), neu/erbB2 (4 antibodies, including one specific for the biologically active phosphorylated form of the protein), alpha-catenin, E-cadherin, and DCC. In addition, we have several collaborations with various Yale researchers, including the three summarized below, which have resulted in new protocols for analysis of breast cancer genes.

AP-2 transcription factor. Examination of the molecular changes in human breast cancer has revealed that one of the most common alterations is the overexpression of the normal c-erbB-2 gene. This gene, which is usually expressed at low levels in a variety of adult epithelial cells, is overexpressed in 25-30% of carcinomas of the breast. Recently, the increased c-erbB-2 expression in breast cancer cell lines has been shown to correlate with the presence of the transcription factor AP-2. Furthermore, AP-2 can regulate c-erbB-2 transcription by binding to a critical region of the promoter which is responsible for the overexpression of c-erbB-2 in tumor cell lines. To extend these in vitro studies, we examined the distribution of the c-erbB-2 and AP-2 proteins in human breast cancer biopsies. For these experiments we are using a commercially-available monoclonal antibody directed against c-erbB-2 and several AP-2 monoclonal and polyclonal antisera generated in the lab of Dr. Trevor Williams, Department of Biology, Yale University. We have recently optimized the AP-2 antibodies for immunohistochemistry on paraffin-embedded and frozen sections of human cancer specimens. Using the extensive bank of human breast cancer samples available through the PCTBO, we are examining the association between AP-2 and c-erbB-2 expression. These studies will enable the determination of the efficacy of these new AP-2 reagents as research and diagnostic tools.

Human Dishevelled protein (hDsh). Analysis of mammary cell lines transformed by the oncogene *Wnt-1* revealed that hDsh-2 became phosphorylated in response to *Wnt-1* expression. Three human genes encoding proteins homologous to *Drosophila* Dishevelled protein were cloned and characterized in the laboratory of Dr. Michael Snyder, Department of Biology, Yale University. DNA sequence analysis predicts that the three genes comprise a multigene family; the three human Dishevelled proteins (hDsh) are predicted to share 59-67% amino acid sequence identity with one another and ~40% identity with the *Drosophila* protein. Amino acid similarity between the different Dishevelled proteins is concentrated in three highly conserved regions. Two of these regions do not exhibit significant sequence similarity with other known proteins; the third is similar to the Discs-large Homology Region (DHR) first found in a *Drosophila* discs-large tumor suppressor protein. Antibodies prepared to hDsh-2 were used to examine the subcellular distribution and expression of the protein. Indirect immunofluorescence experiments revealed that hDsh-2 protein distributes throughout the cytoplasm and is not preferentially associated with other cell structures such as the cell membrane or cytoskeleton. Immunoblot analysis demonstrated that hDsh-2 is expressed in all cell lines and human embryonic tissues examined. We also examined hDsh-2 phosphorylation in human breast tumor cell lines and tissues. Cell lines derived from metastatic tissue of breast cancer patients more often contained a phosphorylated form of the hDsh-2 protein than cell lines derived directly from primary breast tumors. Our data support the hypothesis that the Dishevelled proteins are members of a highly conserved Wnt signaling pathway, and that intracellular Wnt signals may be transmitted via hDsh phosphorylation.

Phosphorylated neu/erbB-2 (p185) protein. In collaboration with Dr. Michael DiGiovanna and David Stern of the Department of Pathology, Yale University, we have further developed a staining protocol for neu/erbB-2 phosphorylation. Early experiments were reported in the annual report submitted July 1995. Our strategy for analyzing the activation of p185 in tissue specimens was based upon the generalization that tyrosine autophosphorylation marks activated forms of receptor tyrosine kinases. Antibodies that recognize phosphotyrosine in the context of a specific peptide sequence permit exploitation of tyrosine phosphorylation as an indicator of signaling activity. The Stern lab had produced a polyclonal (A1) and more recently, monoclonal (PN2A) antibody that specifically recognize the autophosphorylated (*i.e.* signaling-active) form of p185. Using A1 immunohistochemistry in a quantitative image analysis system, we demonstrated that p185 phosphorylation correlated weakly with overall level of expression and with total phosphotyrosine in frozen specimens of human breast tumors, but to widely varying extents. More directly, PN2A immunohistochemistry on a small pilot series of 5 cases of formalin fixed, paraffin embedded *in situ* ductal breast carcinoma (DCIS) demonstrated that among p185 overexpressing tumors, phosphorylated p185 was detectable only in a subset. Thus, our hypothesis that p185 may be activated to varying degrees in tumors was confirmed in these preliminary studies, and the technology to further investigate its significance was established in our laboratory.

The preliminary studies were carried out using a preparation of PN2A which was an ammonium sulfate fractionation of ascites fluid. We subsequently prepared affinity purified PN2A using a column of Affigel-10 support coupled to phospho-p185 peptide. Staining with the affinity purified reagent was comparable to that observed with the fractionated ascites fluid.

To enhance the sensitivity of PN2A staining, we tried several antigen retrieval methods including a microwaving based protocol (using a number of different incubation solutions) and a pressure cooking protocol (using a citrate solution). We found the pressure cooking protocol to enhance the staining intensity without causing previously negatively characterized specimens to appear positive. Although one disadvantage of this procedure was an increase in the nonspecific background, the enhancement of signal appeared to be worth the tradeoff. We subsequently routinely utilized the pressure cooking protocol for all PN2A immunohistochemistry. We have also examined the inclusion of heavy metals (cobalt and nickel) in the DAB reaction, but these were without benefit.

Tasks for supplemental funding received from NAPBC:

- 1) Facilitate access to archival paraffin embedded breast tissues and other relevant tissue samples, and make them available to investigators through the PCTBO
- 2) Expand the medical information describing each tissue sample to include all medical record and follow-up data obtained by the Yale Tumor Registry
- 3) Provide in an anonymous fashion the pertinent medical information to investigators requesting tissue samples

Much of the work to accomplish these tasks has been described above, in section 2. Our interactions with Yale Tumor Registry, Yale Comprehensive Cancer Center, and Yale-New Haven Hospital computer personnel are ongoing and intensively focussed on finding workable solutions to the various needs of clinical, research, and administrative departments. All tasks specifically mentioned in these first 3 objectives of the supplemental grant will be completed by October, 1996; because development of the much more powerful data warehouse concept outlined in section 2 will rely on work accomplished by other, non-PCTBO-related units in the Hospital and the University, and the Cancer Center, no completion date can be set in stone, but all parties are extremely interested and working as much as resources permit.

We have evaluated the data collection system of the Yale Tumor Registry. We have concluded that the most efficient mode of transfer will require extensive re-programming of both the Tumor Registry's and the Department of Pathology's and the PCTBO's software to create a on-line link.

The supplemental funding has partially supported these efforts, and we have developed test reports to evaluate the feasibility of direct computer communication (see appendix 19 for report definitions). Completion of the link between the Tumor Registry and the Department of Pathology's Information System will proceed much faster now that the position of Pathology Information System Manager has been filled (as of July 1996), and completion of the task is expected by October 1996. A link between the PCTBO database and the Tumor Registry will be accomplished with a shorter timeline, since only a simple flat ASCII file needs to be generated by the PCTBO and submitted to the Tumor Registry to retrieve medical information describing each tissue sample.

- 4) Examine the ethical questions raised by the use of both previously collected and prospectively collected tissue, and develop functional guidelines, suitable for incorporation in the procedure manuals of Institutional Review Boards, related to informed consent, maintenance of "one-way" links to personal identifiers, and secondary use of research materials and data sets.

The currently approved IRB protocol under which PCTBO operates is limited to anonymous collection and use of tissue samples. This restriction implies that no followup data (e.g., patient survival and other outcome data) or laboratory results from study of tissues can be accrued in the database to further describe each individual specimen. To address this problem, Yale's IRB, the Human Investigation Committee, has assembled a working group, the "Tissue Subcommittee," specifically charged with developing functional guidelines for resolving the difficult ethical questions raised by the collection, storage, and use of human tissue specimens linked to patient identity.

Work on this project has been progressing slowly but satisfactorily. We have convened a working group as specified in the supplemental grant application. We are fortunate to have assembled a diverse group of highly qualified experts. This group is chaired by Robert J. Levine, M.D. Members of the group include Jose Costa, M.D., and Christine Howe, Ph.D.; Susan Katz, J. D., Director of the Human Investigation Committee (IRB); Maurice J. Mahoney, M.D., J.D., Professor of Genetics and Obstetrics and Gynecology and Pediatrics; Angela Holder, J.D., Clinical Professor of Pediatrics (Law); Virginia Roddy, J.D., Director, Medicolegal Affairs, Yale-New Haven Hospital and Associate Clinical Professor of Medicine (Law); Kenneth K. Kidd, Ph.D., Professor of Genetics and Biology and Psychiatry and Sara Rockwell, Ph.D., Professor of Therapeutic Radiology and Director, Scientific Affairs, Yale Medical School.

Attached to this report (see appendix 20) are notes that were developed in the course of the working group's activities. In these notes the group is referred to as the Tissue Committee. As can be seen in these notes, the Tissue Committee (having similar but not identical membership as our current group) first met on December 12, 1994 to discuss a draft interim policy, dated October 14, 1944, that had been prepared by Dr. Levine. Activities discussed in this paragraph to this point were accomplished before this activity received the support through the supplemental grant application.

The first meeting of the Tissue Committee under the auspices of this grant was held on January 29, 1996. The group began by returning to the documents that had been drafted in 1994. It further agreed on a list of required and supplementary reading materials that would provide each member with a common body of knowledge as the group did its work. Notes taken at subsequent meetings reflect the nature of our progress to date. As of June, 1996, we had reached a point that we felt that Dr. Levine could draft a new set of guidelines that would reflect the fruits of our deliberations. This should be accomplished soon. Accordingly, we anticipate the successful completion of this project by October, 1996.

Conclusions

The second full year of support for the Program for Critical Technologies in Breast Oncology has seen many encouraging developments for this important core facility. We have increased the numbers of off-site hospitals involved in the Program and continue to develop a database uniquely suited to our collection, assay, and distribution of tissue products along with anonymous information describing the tissue samples. We are working intensely and collaboratively with many different parts of the Hospital, Medical School, University, and Cancer Center to streamline efficient data collection and access. Our numbers of collected breast tissue samples more than doubled in the past year, and we have distributed more than 8000 tissue products since the start of the Program.

We have started to collect and distribute cytology specimens, a tissue source not widely available at any institution. We have completely reorganized more than 3 million paraffin blocks so that easy, efficient access is a rule rather than an exception, and have identified half of all breast cases with malignancies for which blocks are available. We have carefully examined all cases of ductal carcinoma in situ for an 13 year period, and noted for each case which specific paraffin block has DCIS. We have expanded the research community's knowledge of and requests to the PCTBO for breast tissue products and related clinical information about the samples. We continue to develop translational research, moving research assays closer to clinical utility.

We are working towards a definition of policy and ethical guidelines for research use of human tissues such that scientific progress can continue without compromise of patient rights.

The third year will continue in the forward direction toward the goals of the PCTBO. The PCTBO continues to be enthusiastically received by the research community, and is increasingly serving as a resource and model for other academic centers' efforts in setting up similarly successful programs.

Yale University
SCHOOL OF MEDICINE

HUMAN INVESTIGATION COMMITTEE
Room 1E-46 SHM
P.O. Box 208010
333 Cedar Street
New Haven, Connecticut 06520-8010



Susan L. Katz, J.D.
Director

Fax: 203 785-2847

May 13, 1996

TO: José Costa, M.D.

FROM: Susan L. Katz, J.D.
Director

RE: Protocol # 7302

TITLE: Program for Critical Technologies in Breast
Oncology

The enclosed amendment to the above captioned protocol was approved by the Human Investigation Committee on March 11, 1996. Please attach this amendment to your copy of the original protocol.

Please note that this protocol is due to be reapproved on November 22, 1996. Reapproval requires submission of three (3) copies of the approved consent form for validation.

If you require institutional certification of this protocol for a funding agency, please send me:

1. The form (if any) on which it is to be provided, and
2. HIC Form #10 (completed)

SLK/kp

Enclosure: Approved Amendment

HIC Form #3

Appendix 2: Expanded Protocol for Collection of Breast Tissue Specimens (including fresh viable tissue)

Program for Critical Technologies in Molecular Medicine
Yale University Department of Pathology
203-737-4198 or 203-785-5879

Brief description of the research. The Program for Critical Technologies received a multi-year grant from the U.S. Army Research and Development Command to collect human breast tissue samples and make the specimens available to basic and clinical researchers.

What to collect? Collect "everything:" all tumor specimens, other pathologic specimens, matched normal (cellular) tissue from each case, such as skin, muscle, etc.

How to collect

- 1) Collect or save any tissue needed for diagnosis
- 2) Collect both tumor/pathologic and normal tissue from the excess specimen and freeze in separate OCT molds. If the specimen is large, **ALSO COLLECT SPECIMEN IN CULTURE MEDIUM** (see below)

OCT molds [large molds, Miles Tissue-Tek #4557, 25x20x5 mm]

Label each mold with

- a) the part number
 - b) the case number
 - c) N "normal" or T "tumor or other pathology" for example:
 - d) a sequential number starting with 1 for each case
- 2)S93-123 N1; 2)S93-123 T2; 2)S93-123 T3, etc.

Put tissue (**maximum 1 cm x 1 cm x 0.5 cm thick**) in mold with OCT

Freeze in isopentane bath by holding mold at surface of the liquid

Label (as above) Bitran bags (3" x 6" in size, #4741-S) along the top of one *long* side.

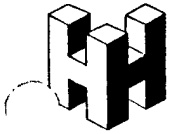
Remove molds from isopentane, allow to drain briefly, and put molds in Bitran bag(s). If there are more than 2 samples from one case, separate the "T" from the "N" samples in separate bags.

Put samples into -80°C freezer.

- 3) To collect viable tissue in culture medium, work as aseptically as possible (e.g. use fresh razor blade or scalpel, collect from newly exposed portion of the tissue sample). Mince a small portion into approx. 1-2mm cubes and place into "RPMI culture medium" (in refrigerator in 15 ml tubes). These tubes will be collected in the afternoon by the Rapid Case Ascertainment collection person.

Tissue collection triage Timeliness of collection. Although fresher tissue is definitely better, other tissue can be useable, especially for DNA work, and should be collected. Collect tissue with the following priorities for freshness:

- a. Tissue arriving for a frozen section. [Note: extra frozen section unstained slides are useful; store in slide container in a Bitran bag at -80°C]
- b. Tissue hand-carried from the OR.
- c. Routine specimens arriving at surgical pathology.
- d. Autopsy specimens.



**HARTFORD
HOSPITAL**

PATHOLOGY AND LABORATORY MEDICINE
80 SEYMOUR STREET
P.O. Box 5037
HARTFORD, CT 06102-5037

RECEIVED

JUN 5 1996

OFFICE OF THE DIRECTOR
ANATOMIC PATHOLOGY

LC →

May 28, 1996

Jose Costa, M.D.
Director, Anatomic Pathology
Yale University School of Medicine
Department of Pathology
P.O. Box 208070
New Haven, CT 06520-8070

Dear Dr. Costa:

We are pleased to be able to collaborate and participate with you in the Program for Critical Technologies in Molecular Medicine which requires saving, collecting and appropriately preserving specimens for research studies.

Sincerely,

Martin M. Berman, M.D.
Director, Anatomic Pathology
Hartford Hospital

MB/blm

**Yale New Haven Hospital
Interim Clinical Archive Database Data Requirements**

<u>Possible Source</u>	<u>Data Element / Data Grouping</u>
ADT	Admission Status (ER, Elective, Transfer, Etc.) Birthdate Location Prior to Admission Marital Status Medical Record Number Patient Address Patient Age Patient Name Patient Phone Number Patient Primary Insurer Patient Secondary Insurer Race Site Discharged To
CCSS	Apgar Score(s) Arterial Blood Gases (Yale Labs) Attending Physician Birth Trauma Birthweight Clinical Lab Admitting Diagnosis (Recheck???) Cord pH Delivering Physician (if applicable) Delivery Type Discharge Disposition/Condition (Alive/Dead?, additional values needed?) ECG (Graphical and Textual Results) EEG / Nerve Conduction / EMG (Textual Results) Gestational Age Neuropathology (Yale Labs) Order Date for Diagnostic Procedures Order Time for Diagnostic Procedures Orders for Diagnostic Procedures Overtime / Per Diem / Resource Pool by Job Class PTO, Schedules and Unscheduled by Job Class Results Date for Diagnostic Procedures Results for Diagnostic Procedures Results Time for Diagnostic Procedures VBAC

**Yale New Haven Hospital
Interim Clinical Archive Database Data Requirements**

<u>Possible Source</u>	<u>Data Element / Data Grouping</u>
CSR	Admission Location Admit Date Admit From Location Admit Time Admitting MSID Admitting Physician Attending MSID Attending MSID Name Attending Physician Bed Category Code Chart Date Chart Time Charting Text Clinical Purge Date Collection Date Discharge Date Discharge Time Dose Dose Actual Duration (DRTN) Drug AHFS Number Drug Category Drug Item (YNHH) Drug Name Drug Unit Entry Diagnosis Episode of Care Identification Number Exit Diagnosis Fluid Given Flag Inpatient Transfers - Subsequent Transfers (Reflect all Changes) Medical Record Unit Number MSID Order Date Order Description Order Flag Order Number

**Yale New Haven Hospital
Interim Clinical Archive Database Data Requirements**

<u>Possible Source</u>	<u>Data Element / Data Grouping</u>
CSR	Order Text
	Order Type
	Patient Age
	Patient Birth Date
	Patient First Name
	Patient In Date
	Patient In Time
	Patient Last Name
	Patient Middle Name
	Patient Race
	Patient Sex
	Patient Type Entry
	Patient Type Location
	Preliminary Flag
	Procedure Item Number
	Procedure Name
	Program Condition Code
	Program ID
	Program Paragraph Number
	Program SQL Code
	Program Table
	Rate
	Reason Given
	Result Literal
	Result Name
	Room Number
	Route
	Schedule
	Schedule Once
	Service Code
	Service Code Entry
	Specimen Date
	Specimen Time
	Start At
	Strength
	Synonym Number
	System Code
	Trans code
	Transaction Data Base
	Transaction Data Extension

**Yale New Haven Hospital
Interim Clinical Archive Database Data Requirements**

<u>Possible Source</u>	<u>Data Element / Data Grouping</u>
CSR	Transaction Message Transaction Status Code Transaction Timestamp Type in Name Unit Number
HEIC	Outcomes (Infections, Hospital Acquired Complications, Re-admissions, Post-discharge Follow-up, etc.)
HOBIS	Attending Physician
ORIS	Anesthesiologist Code Anesthesiologist Name Complications Onset Date(s) Complications ? Date(s) of Procedure(s) Incision / Close Time Nurses Code Nurses Name On / Off Table Time Operating Room / Care Unit OR Turnaround Time - or TAT Procedure Code Procedure Label Procedure Operator(s) Procedure Surgeon(s)
RIMS	Attending Physician
Unknown	Ambulatory Patient ? (Code & Label) PCEIS? RIMS? ADT? HOBIS? American Society of Anesthesiologists Score (ASA ? Score) Ancillary Procedures CCSS (Orders) ? Attending Housestaff Team (Reflect all Changes) CCSS? Caregiver Hours per Patient per Day by Job Class ANSOS? and Patient Care Unit (Budgeted and Actual)

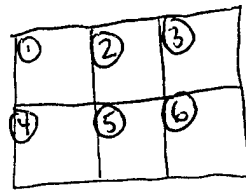
**Yale New Haven Hospital
Interim Clinical Archive Database Data Requirements**

<u>Possible Source</u>	<u>Data Element / Data Grouping</u>
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02/05/96

**Yale New Haven Hospital
Interim Clinical Archive Database Data Requirements**

<u>Possible Source</u>	<u>Data Element / Data Grouping</u>	
Medical Records	Discharge Summary	SOFTMED
	Operation Notes	SOFTMED



3/11/96

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Date 01/02/96

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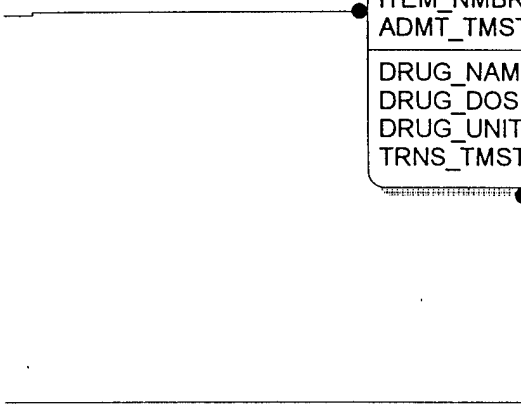
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ORDR_SHRT_DESC: CHAR(6)
ORDR_MSID: CHAR(4)
TRNS_TMSTMP: DATE
ORDR_DESC: VARCHAR2(80)

CADEXTO

MRUN: CHAR(7)
ORDR_TMSTMP: DATE
ORDR_TMSTMP: DATE
ORDR_NMBR: CHAR(8)
ORDR_NMBR: CHAR(8)
ITEM_NMBR: CHAR(6)
ADMT_TMSTMP: DATE

DRUG_NAME: CHAR(24)
DRUG_DOSE: CHAR(16)
DRUG_UNIT: CHAR(8)
TRNS_TMSTMP: DATE



Date: 22-Apr-96 10:34

From: SChamber @ SMTP (Suzanne Chambers) {schamber@GWPO.YNHH.COM}

To: christin @ SMTP (christine.howe) {christine.howe@yale.edu}

Copies-to: anthony @ SMTP (anthony) {anthony@GWPO.YNHH.COM},

francesd @ SMTP (frances.dykstra) {frances.dykstra@yale.edu},

rodrigue @ SMTP (rodrigue) {rodrigue@GWPO.YNHH.COM}

Subject: Breast Cancer Database

Keywords: SMTP

Dr. Howe,

At your earliest convenience, I'd like to sit down with you and Dr. Reiss and review the current list of data elements in the Breast Cancer Database and any additional information you plan to archive in the near future. I would also need to know some size estimates for the database(s) along with any other pertinent information about the 'locations' (software, hardware, current maintenance schedule) of where the system(s) reside.

Before I can commit to archiving your data, I have to determine the capacity of the current Clinical Archive database & server with the addition of the breast cancer information. Please let me know if there are any problems with this request.

Thanks,

Suzanne Chambers

Tissue Procurement Tissue Products Tissue Bank

—Request for Materials and Services—
Program for Critical Technologies in Molecular Medicine

Please return this form to: Program for Critical Technologies, Department of Pathology, Lauder Hall 202.

ORDERED BY:

Date

Contact Person
(First name) (Last name)

Building and room Phone

PI Department
(First name) (Last name)

Yale Charging Instructions
-or-

Billing Address
.....
.....

TISSUE INFORMATION:

Type of tissue, e.g. # of cases
liver, breast: needed

.....
.....
.....

Total number of cases needed

Is autopsy material acceptable? ☐ Yes

Diagnostic categories: ☐ No

- ☐ tumor only
☐ normal only
☐ matched tumor/normal
☐ other specifics:

Minimum sample size, g

Minimum sample size, cm

Do you want reports on samples? ☐ Yes

Other comments ☐ No

PRODUCTS REQUESTED:**Fresh Tissue**

- fresh (room temp)
..... fresh (on ice)
..... sterile
..... in media:
..... fixed in:
..... other:

Frozen Tissue

- 6 μ m section on slide (for stain, hyb)
..... 4 x 40 μ m sections in tube (for extraction)
..... H&E stained slide
..... snap frozen (for bulk extraction)
..... frozen in OCT (for bulk extraction)
..... DNA (10 ug)
..... total RNA (10 ug)
..... other:

Paraffin Block Tissue

- 4 μ m section on slide (for stain, hyb)
..... 20 μ m section on slide (for dissection)
..... 3 x 20 μ m sections in tube (for extraction)
..... H&E stained slide
..... DNA (10 ug)-(fragmented by formalin)
..... other:

CT Comments

Date received Received by Date approved Approved by Date completed Completed by

Program for Critical Technologies in Molecular Medicine

General Information Form, Yale Investigators

Please return this form to: Program for Critical Technologies, Department of Pathology, Lauder Hall 202

CONTACT PERSON:

First name	Last name	Degree(s)	Position at Yale	Application date
------------	-----------	-----------	------------------	------------------

Department	Building and room	Phone 1	Phone 2	Beeper	FAX
------------	-------------------	---------	---------	--------	-----

Brief description of study:

COLLABORATORS IN THIS STUDY:

First name	Last Name	Department	Building and room	Phone
------------	-----------	------------	-------------------	-------

PRINCIPAL INVESTIGATOR:

☐ Yes

☐ No

First name	Last name	Degree(s)	Position at Yale	Cancer Center member?	Email Address(es)
------------	-----------	-----------	------------------	-----------------------	-------------------

Department	Building and room	Office phone	Lab phone	Beeper	FAX
------------	-------------------	--------------	-----------	--------	-----

GRANT AND ACCOUNTING INFORMATION:

Please complete the charging information to the right.

If this study is funded by a grant, also complete the next line.

_____-_____-_____
Yale charging number

Granting agency	Grant number [not charging #]	Title of grant
-----------------	-------------------------------	----------------

ALL REQUESTS FOR HUMAN MATERIAL AND/OR PATIENT INFORMATION: ☐ unlinkable ☐ linkable

I certify that I have Human Investigation Committee approval for all human samples and any descriptive information I have requested. (Yale HIC must approve all human research even if it is exempt from coverage by NIH regulations.)

HIC approval /renewal date _____ Expedited review? ☐ Yes and/or HIC number _____

Signature of Principal Investigator _____ Date _____

ALL REQUESTS FOR HUMAN BIOLOGICAL MATERIAL:

I certify that I am aware of the biohazards associated with use of human biological material, and I assume responsibility to ensure compliance with all Federal, State, Yale-New Haven Hospital, and Yale University safety regulations regarding biohazardous human material, including biohazard labelling, pathogen training requirements, and notification about availability of Hepatitis B vaccination. As the principal investigator, I acknowledge that I am responsible for ensuring that all staff act in compliance with these safety regulations and have been properly trained. I agree that I am assuming responsibility for the use, handling, storage, disposal, or distribution of the biological material, and that the Program for Critical Technologies, Yale Department of Pathology, and Yale-New Haven Hospital have no further responsibility for the use of the biological material.

Signature of Principal Investigator _____ Date _____

SAMPLE LETTER TO HIC FOR ANONYMOUS TISSUE USE

*After HIC approval is obtained, contact Dr. Christine Howe
to arrange to actually receive tissue samples*

Robert J. Levine, M.D.
Human Investigation Committee
Yale University School of Medicine
Yale-New Haven Hospital
SHM IE-46

Dear Dr. Levine:

I am writing to request expedited review for research use of excess human tissue obtained from the Department of Pathology, Program for Critical Technologies.

Specifically, I would like to obtain (number) (fresh, frozen, and/or paraffin block) samples of (tissue type, diagnosis, etc.). I have discussed this request with Dr. Christine Howe of the Critical Technologies Program.

My research involves (brief description of research). I require information only about patient (age, sex, tissue type, diagnosis, ...list others).

This tissue will be provided to me in a completely anonymous manner. I do not require identification of these tissue samples such that patients could be identified, directly or through identifiers linked to the patient. Specifically, I do not request that any sample I receive be labelled with or coded for pathology accession number, patient unit number, or patient name.

Sincerely,

Principal Investigator
Title
Department

Chair of PI's Department
Title
Department

Christine L. Howe, Ph.D.
Director, Program for Critical Technologies

Approved by Human Investigation Committee:

UNIVERSAL PRECAUTIONS OVERVIEW

PROGRAM FOR CRITICAL TECHNOLOGIES IN MOLECULAR MEDICINE
DEPARTMENT OF PATHOLOGY, YALE UNIVERSITY

This sheet is only an overview of the information you must know before beginning to work with human tissue. Federal safety regulations require specific training in bloodborne pathogens for anyone using unfixed human tissue. Additionally, protection against airborne transmission of tuberculosis is required by OSHA. Contact the Yale Department of Biological Safety for their bloodborne pathogen training schedule, and for any other safety information, at 785-3550.

All unfixed (including frozen) human tissues should be treated as infectious. There are particular hazards associated with using unfixed tissue, especially because hepatitis B virus (HBV) is very stable in the environment. HBV must be in contact with a 10% bleach solution for at least 10 minutes to be inactivated. The virus can remain infective, even if dried, for at least two weeks.

Vaccination against hepatitis B virus is highly recommended for anyone working with human tissue. The vaccination series is free, and can be obtained through Yale's Department of Employee Health, 17 Hillhouse Avenue, 432-0071. It takes 8 months for the vaccination program to be complete and for immunity to be demonstrated by blood test.

PROTECT YOURSELF!

Bloodborne pathogens have two routes of entry into your body: through mucous membrane exposure and through parenteral exposure (e.g. punctures). It is these exposures you must guard against.

1. Before beginning to work with specimens, conduct a self examination of your arms and hands, and protect cuts and rashes with occlusive bandages.
2. Wear gloves when you are handling tissue or blood, or when you handle anything which has come into contact with tissue, blood or body products (for example, equipment, freezers, specimen containers, counter tops, instruments). Change gloves if they become damaged or if they are visibly contaminated. Wash your hands with soap and water if they become visibly contaminated and immediately after finishing work or before leaving the laboratory.
3. Wear long-sleeved protective clothing to protect your skin and street clothes from contamination.
4. Protect your face from splashes into your mucous membranes. Wear safety goggles or wrap-around safety glasses and a surgical mask, or wear a full-face safety shield.
5. Work carefully to avoid cuts, punctures, and splashes into mucous membranes. Never handle needles directly. Keep your work area clear of scalpels and sharps except for the one you are using at the time. Dispose sharps in Sharps containers as soon as you have finished working with them.
6. Wash any cuts, punctures, or mucous membrane exposures with soap and water. Report these exposures to your supervisor and to the Department of Biological Safety (785-3550) immediately, even if they are not serious. After hours, call 111 from a Yale phone. Your supervisor must complete a Department Head's Report of Injury form and a Health Service Report form, and you should bring these forms with you to Urgent Visit at the Yale Health Plan, 17 Hillhouse Ave.

PROTECT THE ENVIRONMENT!

1. Do not wear gloves while handling doorknobs, telephones, other common use equipment, or in any common areas. If necessary, one hand may be gloved to carry a specimen, with the other ungloved hand used for opening doors, pushing elevator buttons, etc.
2. Areas where blood and tissue are handled or stored must be posted with biohazard signs. These areas shall be cleaned and decontaminated after contact with potentially infectious materials.
3. Remove and discard gloves into a biohazardous waste container, and remove protective clothing, before leaving a biohazardous work area. Autoclave protective clothing before laundering.
4. Equipment and supplies (including pencils, pens, paperwork, and personal belongings) that are taken into a biohazardous work area are considered contaminated and must be either discarded as biohazardous waste or decontaminated before being removed from that work area.
5. Visible contamination must be cleaned up immediately. The area should be covered with disposable towels soaked with a freshly prepared 20% bleach solution for 10 minutes, and then wiped up. Dispose of all contaminated materials in a biohazardous waste container. Call Biological Safety (785-3550) if the contamination is in a public access area. After hours, call 111 from a Yale phone.

Frozen Tissue Bank Collections

Report Period: 1995-6 collections

By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
7/5/95	S95-11125	Breast					2	1		
7/6/95	S95-11962	Breast		1						
7/10/95	S95-11972	Breast slides		8						
7/19/95	S95-11972	Breast		1						
7/10/95	S95-12114	Breast	2	4	1	1	2	2		
7/11/95	S95-12161	Breast slides		8						
7/11/95	S95-12161	Breast	3	5						
7/12/95	S95-12253	Breast slides		8						
7/12/95	S95-12253	Breast	1	2						
7/17/95	S95-12556	Breast slides		15						
7/18/95	S95-12627	Breast slides		23						
7/18/95	S95-12647	Breast	2	2						
7/25/95	S95-13137	Breast		7		3				
7/26/95	S95-13293	Breast masecto	6	2						
8/7/95	S95-13963	Breast		3						
8/9/95	S95-14172	Breast slides		23						
8/9/95	S95-14172	Breast	4	2						
8/9/95	S95-14209	Breast slides		8						
8/9/95	S95-14209	Breast	6	6		1	1	1		
8/11/95	S95-14350	Breast	1	1						
8/12/95	S95-14374	Breast	3	6						
8/16/95	S95-14612	Breast		4						
8/17/95	S95-14678	Breast slides		8						
8/23/95	S95-15074	Breast slides		15						
8/25/95	S95-15228	Breast slides		15						
8/25/95	S95-15228	Breast slides		8						
8/30/95	S95-15465	Breast	9	4						
8/30/95	S95-15484	Breast	2	1						
9/5/95	S95-15759	Breast	3	3				1		
9/6/95	S95-15789	Breast	2							
9/6/95	S95-15854	Breast	2	2						
9/6/95	S95-15854	Breast slides		23						

Print Date: 7/18/96

Frozen Tissue Bank Collections

Report Period: 1995-6 collections

By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
9/11/95	S95-16148	Breast	1	3						
9/18/95	S95-16562	Breast Fresh	6	9		1				1
9/18/95	S95-16562	Breast slides		23						
9/19/95	S95-16716	Breast		1						
9/19/95	S95-16716	Breast slides		23						
9/22/95	S95-16934	Breast	5	5	1	1				
9/22/95	S95-16934	Breast slides		23						
9/26/95	S95-17122	Breast slides		15						
9/26/95	S95-17122	Breast slides		8						
9/28/95	S95-17299	Breast mammopl RPMI*								1
10/02/95	S95-17500	Breast slides		23						
10/11/95	S95-17513	Breast		1						
10/02/95	S95-17513	Breast slides		23						
10/10/95	S95-17985	Breast	3	3	1	1	1	1		
10/17/95	S95-18259	Breast							2	
10/17/95	S95-18398	Breast	1	1						
10/18/95	S95-18398	Breast					1	1		
10/17/95	S95-18398	Breast slides		23						
10/17/95	S95-18398	Breast					1	1		
10/17/95	S95-18398	Breast							1	
10/17/95	S95-18434	Breast slides		23						
10/17/95	S95-18434	Breast							1	
10/19/95	S95-18603	Breast	1	1						1
10/19/95	S95-18603	Breast slides		23						
10/27/95	S95-18603	Breast					2	2		
10/20/95	S95-18666	Breast slides		23						
11/7/95	S95-19426	Breast					1	1		
11/1/95	S95-19426	Breast slides		23						
11/6/95	S95-19566	Breast	1	1						
11/3/95	S95-19577	Breast	1	1						
11/6/95	S95-19643	Breast slides		23						
11/6/95	S95-19703	Breast	1	1						

Frozen Tissue Bank Collections

Report Period: 1995-6 collections

By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
11/6/95	S95-19703	Breast slides		23						
11/7/95	S95-19769	Breast		1						
11/7/95	S95-19769	Breast slides		23						
11/8/95	S95-19857	Breast								
11/10/95	S95-20072	Breast	1	1						
11/14/95	S95-20259	Breast	2	2						
11/14/95	S95-20259	Breast slides		8						
11/14/95	S95-20273	Breast		1						
11/14/95	S95-20273	Breast slides		8						
11/14/95	S95-20273	Breast slides		23						
11/15/95	S95-20362	Breast slides		23						
11/15/95	S95-20362	Breast		1						
11/12/95	S95-20580	Breast		8						
11/17/95	S95-20580	Breast		1						
11/17/95	S95-20580	Breast slides		23						
11/20/95	S95-20743	Breast	1	1						
11/21/95	S95-20890	Breast	1	1						
11/22/95	S95-20952	Breast slides		8						
11/22/95	S95-20952	Breast slides		23						
11/28/95	S95-21114	Breast slides		8						
11/28/95	S95-21114	Breast slides		23						
11/28/95	S95-21152	Breast	1	1						
12/8/95	S95-21877	Breast		2						
12/8/95	S95-21877	Breast slides		23						
12/11/95	S95-22012	Breast	1	1						
12/11/95	S95-22042	Breast	1	1						
12/11/95	S95-22042	Breast slides		23						
12/12/95	S95-22067	Breast					1	1		
12/12/95	S95-22067	Breast slides		30						
12/12/95	S95-22156	Breast		2						
12/19/95	S95-22566	Breast slides		23						
12/19/95	S95-22574	Breast	1	1						

Print Date: 7/18/96

Frozen Tissue Bank Collections

Report Period: 1995-6 collections

By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
12/19/95	S95-22574	Breast slides		23						
12/19/95	S95-22577	Breast		1						
12/19/95	S95-22577	Breast slides		23						
12/19/95	S95-22583	Breast	2	2			1	1		
12/19/95	S95-22591	Breast	2	2						
12/22/95	S95-22724	Breast		2						
1/3/96	S96-77	Breast					1	1		
1/3/96	S96-86	Breast	1	1			1	1		
1/4/96	S96-167	Breast	1	1						
1/6/96	S96-280	Breast	1	1						
1/5/96	S96-319	Breast slides		23						
1/10/96	S96-471	Breast		46						
1/16/96	S96-797	Breast slides		23						
1/16/96	S96-800	Breast slides		23						
1/16/96	S96-872	Breast medial	1	1						
1/17/96	S96-872	Breast medial		23						
1/16/96	S96-900	Breast	2	4						
1/17/96	S96-900	Breast slides		23						
1/17/96	S96-937	Breast	1	1						
1/17/96	S96-946	Breast	2	2			1	1		
1/23/96	S96-946	Breast slides		23						
1/23/96	S96-992	Breast slides		23						
1/19/96	S96-1171	Breast	1	1						
1/23/96	S96-1171	Breast slides		23						
1/23/96	S96-1319	Breast slides		23						
1/23/96	S96-1340	Breast	1	1						
1/23/96	S96-1340	Breast slides		23						
1/26/96	S96-1610	Breast		23						
1/26/96	S96-1643	Breast		23						
1/30/96	S96-1808	Breast	2	2						
1/30/96	S96-1808	Breast		23						
2/1/96	S96-2038	Breast		23						

Frozen Tissue Bank Collections

Report Period: 1995-6 collections

By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
2/6/96	S96-2200	Breast					1	1		
2/5/96	S96-2222	Breast	2	2						
2/5/96	S96-2281	Breast upper		23						
2/5/96	S96-2281	Breast	1	1			1	1		
2/8/96	S96-2531	Breast	2	2			4	4		
2/8/96	S96-2538	Breast								
2/8/96	S96-2538	Breast		23						
2/9/96	S96-2595	Breast	1	1			1	1		
2/9/96	S96-2595	Breast		23						
2/12/96	S96-2704	Breast	1	1						
2/12/96	S96-2709	Breast	1	1						
2/19/96	S96-3130	Breast		1						
2/19/96	S96-3130	Breast		23						
2/20/96	S96-3131	Breast					1	1		
2/21/96	S96-3302	Breast	1	1						
2/21/96	S96-3344	Breast		23						
2/22/96	S96-3414	Breast					1	1		
2/27/96	S96-3591	Breast					1	1		
2/27/96	S96-3624	Breast					1	1		
2/28/96	S96-3765	Breast	1	1						
2/5/96	S96-3765	Breast		46						
3/4/96	S96-4093	Breast	1	1						
3/4/96	S96-4093	Breast		23						
3/4/96	S96-4095	Breast	1	1						
3/4/96	S96-4095	Breast		23						
3/4/96	S96-4104	Breast	1	1						
3/4/96	S96-4104	Breast		23						
3/7/96	S96-4306	Breast	2	2						
3/8/96	S96-4410	Breast lumpecto	1	1						
3/12/96	S96-4410	Breast		23						
3/8/96	S96-4443	Breast	1	1						
3/8/96	S96-4443	Breast		23						

Print Date: 7/18/96

Frozen Tissue Bank Collections

Report Period: 1995-6 collections

By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
3/12/96	S96-4629	Breast	1	1						
3/12/96	S96-4629	Breast		15						
3/14/96	S96-4775	Breast	1	1						
3/15/96	S96-4873	Breast	1	1						
3/15/96	S96-4873	Breast		23						
3/15/96	S96-4914	Breast		4						
3/2/96	S96-4925	Breast		46						
3/18/96	S96-5059	Breast								
3/19/96	S96-5078	Breast	1	1						
3/19/96	S96-5081	Breast	1	1						
3/19/96	S96-5085	Breast		2						
3/19/96	S96-5085	Breast		15						
3/21/96	S96-5244	Breast					1	1		
3/21/96	S96-5266	Breast		23						
3/25/96	S96-5404	Breast	1	1			1	1		
3/25/96	S96-5452	Breast	1	1						
3/27/96	S96-5639	Breast					3			
3/28/96	S96-5683	Breast	3	3						
4/3/96	S96-5683	Breast		23						
4/3/96	S96-5812	Breast		23						
4/3/96	S96-5812	Breast		1						
4/2/96	S96-6029	Breast	2	2						
4/3/96	S96-6092	Breast		23						
4/3/96	S96-6109	Breast		23						
4/4/96	S96-6178	Breast	1	1						
4/17/96	S96-6365	Breast		23						
4/9/96	S96-6416	Breast		23						
4/16/96	S96-6848	Breast	2	2			1	1		
4/23/96	S96-7376	Breast	3	3			1	1		
4/24/96	S96-7457	Breast	2	3						
4/24/96	S96-7457	Breast		23						
4/29/96	S96-7741	Breast	2	2						

Print Date: 7/18/96

Frozen Tissue Bank Collections

Report Period: 1995-6 collections

By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
4/30/96	S96-7903	Breast		23						
5/2/96	S96-8045	Breast	1	1						
5/2/96	S96-8073	Breast	1	1						
5/3/96	S96-8213	Breast		23						
5/3/96	S96-8213	Breast lumpecto		1						
5/6/96	S96-8236	Breast	1	1						
5/7/96	S96-8335	Breast	2	1					1	
5/7/96	S96-8335	Breast		23						
5/7/96	S96-8393	Breast	1	1						
5/7/96	S96-8393	Breast		23						
5/14/96	S96-8852	Breast	1	1						
5/14/96	S96-8852	Breast		23						
5/16/96	S96-8966	Breast	2				2			
5/16/96	S96-9109	Breast	1	1						
5/17/96	S96-9194	Breast	1	1					1	
5/20/96	S96-9247	Breast	1	1			1	1		
5/21/96	S96-9385	Breast	2	2						
5/22/96	S96-9425	Breast	2				1	1		
5/24/96	S96-9568	Breast					1	1		
5/14/96	S96-9588	Breast		23						
5/30/96	S96-9882	Breast saline	2	2						1
6/17/96	S96-9882	Breast slides		23						
6/3/96	S96-10119	Breast	2	2	1	1				
6/17/96	S96-10125	Breast slides		23						
6/5/96	S96-10337	Breast	1	2			1	1		
6/5/96	S96-10337	Breast slides		23						
6/7/96	S96-10389	Breast					1	1		
6/7/96	S96-10485	Breast	1				1			
6/7/96	S96-10541	Breast Fresh	2	3	1	1	1	1		1
6/7/96	S96-10541	Breast slides		23						
6/7/96	S96-10547	Breast	2	1						
6/17/96	S96-10547	Breast slides		23						

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type		OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor	
6/10/96	S96-10626	Breast		1	1							
6/10/96	S96-10630	Breast			2					1		
6/17/96	S96-10630	Breast	slides		23							
6/11/96	S96-10704	Breast		2	2							
6/12/96	S96-10799	Breast		2	2	1	1					
6/12/96	S96-10821	Breast		1	1			1	1			
6/17/96	S96-10821	Breast	slides		23							
6/14/96	S96-10950	Breast		2	2			1	1			
6/17/96	S96-10950	Breast	slides		23							
6/17/96	S96-10954	Breast	slides		23							
6/18/96	S96-11174	Breast		1	1							
6/19/96	S96-11227	Breast		2	2							
6/19/96	S96-11227	Breast	slides		23							
6/28/96	S96-11244	Breast	slides		23							
6/19/96	S96-11250	Breast	slides		23							
6/21/96	S96-11434	Breast		2	2							
6/24/96	S96-11566	Breast		2								
6/25/96	S96-11583	Breast	slides		23							
6/25/96	S96-11620	Breast	slides		23							
6/25/96	S96-11631	Breast		1	1							
6/25/96	S96-11631	Breast	slides		23							
6/26/96	S96-11690	Breast		2	4		1				1	
6/25/96	S96-11690	Breast	slides		23							
BREAST			247	95	175	2429	6	12	45	46	2	4
			Total w/	pairs								
7/5/95	S95-11905	Fat	breast	Fresh							1	
7/5/95	S95-11905	Fat	breast	Formalin							1	
7/5/95	S95-11921	Fat	breast	Fresh							1	
7/7/95	S95-11925	Fat	breast	Fresh							1	
7/6/95	S95-11972	Fat	breast	Formalin							1	
7/7/95	S95-11996	Fat	breast	Formalin							1	
7/7/95	S95-12001	Fat	breast	Formalin							1	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type			OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
7/10/95	S95-12114	Fat	breast	Formalin							3	
7/11/95	S95-12140	Fat	breast	Fresh							1	
7/11/95	S95-12161	Fat	breast	Fresh							1	
7/11/95	S95-12253	Fat	breast	Fresh							1	
7/12/95	S95-12294	Fat	breast	Formalin							3	
7/13/95	S95-12339	Fat	breast	Fresh							1	
7/14/95	S95-12412	Fat	breast	Fresh							1	
7/14/95	S95-12464	Fat	breast	Fresh							1	
7/17/95	S95-12556	Fat	breast	Fresh							1	
7/17/95	S95-12584	Fat	breast	Fresh							1	
7/17/95	S95-12590	Fat	breast	Fresh							1	
7/18/95	S95-12627	Fat	breast	Formalin							1	
7/18/95	S95-12647	Fat	breast	Fresh							1	
7/18/95	S95-12647	Fat	breast	Formalin							2	
7/18/95	S95-12647	Fat	breast	Formalin							2	
7/18/95	S95-12656	Fat	breast	Fresh							1	
7/18/95	S95-12656	Fat	breast	Formalin							2	
7/18/95	S95-12689	Fat	breast	Fresh							1	
7/18/95	S95-12705	Fat	breast	Formalin							1	
7/24/95	S95-13004	Fat	breast	Fresh							1	
7/25/95	S95-13137	Fat	breast	Fresh							1	
7/25/95	S95-13137	Fat	breast	Formalin							1	
7/25/95	S95-13148	Fat	breast	Formalin							1	
7/25/95	S95-13177	Fat	breast	Fresh							1	
7/25/95	S95-13177	Fat	breast	Formalin							1	
7/25/95	S95-13198	Fat	breast	Fresh							1	
7/25/95	S95-13198	Fat	breast	Formalin							1	
7/26/95	S95-13293	Fat	breast	Fresh							1	
7/27/95	S95-13293	Fat	breast	Fresh							1	
7/26/95	S95-13293	Fat	breast	Formalin							3	
7/27/95	S95-13367	Fat	breast	Fresh							1	
7/28/95	S95-13398	Fat	breast	Fresh							1	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
7/28/95	S95-13431	Fat breast	Formalin						1	
8/1/95	S95-13611	Fat breast	Fresh						1	
8/1/95	S95-13623	Fat breast	Formalin						1	
8/1/95	S95-13659	Fat breast	Fresh						1	
8/1/95	S95-13676	Fat breast	Formalin						1	
8/2/95	S95-13706	Fat breast	Fresh						1	
8/2/95	S95-13726	Fat breast	Fresh						1	
8/2/95	S95-13726	Fat breast	Formalin						3	
8/8/95	S95-14093	Fat breast	Fresh						1	
8/9/95	S95-14172	Fat breast	Fresh						1	
8/9/95	S95-14172	Fat breast	Formalin						2	
8/9/95	S95-14209	Fat breast	Fresh						2	
8/9/95	S95-14209	Fat breast	Formalin						3	
8/11/95	S95-14305	Fat breast	Fresh						1	
8/11/95	S95-14321	Fat breast	Fresh						1	
8/11/95	S95-14374	Fat breast	Fresh						1	
8/11/95	S95-14374	Fat breast	Formalin						3	
8/15/95	S95-14508	Fat breast	Fresh						1	
8/15/95	S95-14515	Fat breast	Fresh						1	
8/16/95	S95-14579	Fat breast	Fresh						1	
8/17/95	S95-14584	Fat breast	Fresh						1	
8/17/95	S95-14712	Fat breast	Fresh						1	
8/17/95	S95-14733	Fat breast	Fresh						1	
8/18/95	S95-14747	Fat breast	Fresh						1	
8/18/95	S95-14752	Fat breast	Formalin						1	
8/18/95	S95-14761	Fat breast	Fresh						1	
8/18/95	S95-14972	Fat breast	Fresh						1	
8/23/95	S95-15074	Fat breast	Formalin						1	
8/29/95	S95-15076	Fat breast	Formalin						1	
8/29/95	S95-15337	Fat breast	Formalin						3	
8/30/95	S95-15465	Fat breast	Fresh						2	
8/30/95	S95-15465	Fat breast	Formalin						3	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type			OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
8/31/95	S95-15484	Fat	breast	Fresh							1	
8/30/95	S95-15585	Fat	breast	Formalin							3	
8/31/95	S95-15585	Fat	breast	Formalin							1	
9/1/95	S95-15611	Fat	breast	Formalin							2	
9/1/95	S95-15625	Fat	breast	Formalin							1	
9/1/95	S95-15678	Fat	breast	Formalin							1	
9/5/95	S95-15727	Fat	breast	Fresh							1	
9/5/95	S95-15759	Fat	breast	Fresh							2	
9/13/95	S95-15759	Fat	breast	Fresh							3	
9/5/95	S95-15769	Fat	breast	Fresh							1	
9/6/95	S95-15789	Fat	breast	Fresh							1	
9/6/95	S95-15789	Fat	breast	Formalin							2	
9/6/95	S95-15824	Fat	breast	Fresh							2	
9/6/95	S95-15824	Fat	breast	Formalin							3	
9/6/95	S95-15824	Fat	breast	Formalin							3	
9/6/95	S95-15842	Fat	breast	Fresh							1	
9/6/95	S95-15854	Fat	breast	Fresh							1	
9/21/95	S95-15854	Fat	breast	Fresh							2	
9/7/95	S95-15927	Fat	breast	Fresh							1	
9/8/95	S95-15957	Fat	breast	Fresh							1	
9/8/95	S95-15957	Fat	breast	Formalin							1	
9/8/95	S95-15965	Fat	breast	Fresh	2	1					1 (fat)	
9/8/95	S95-15965	Fat	breast	Fresh							1	
9/8/95	S95-15965	Fat	breast	Formalin							3	
9/8/95	S95-15966	Fat	breast	Fresh	2	1					1	
9/8/95	S95-15966	Fat	breast	Fresh							1	
9/13/95	S95-15966	Fat	breast	Fresh							3	
9/8/95	S95-15973	Fat	breast	Formalin							1	
9/12/95	S95-15976	Fat	breast	Fresh							1	
9/12/95	S95-15998	Fat	breast	Fresh							1	
9/11/95	S95-16140	Fat	breast	Formalin							1	
9/11/95	S95-16145	Fat	breast	Formalin							1	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
9/11/95	S95-16148	Fat breast	Fresh						1	
9/11/95	S95-16148	Fat breast	Formalin						3	
9/12/95	S95-16162	Fat breast	Formalin						1	
9/12/95	S95-16184	Fat breast	Fresh						1	
9/12/95	S95-16192	Fat breast	Formalin						1	
9/12/95	S95-16223	Fat breast	Fresh						1	
9/12/95	S95-16223	Fat breast	Formalin						3	
9/14/95	S95-16376	Fat breast	Fresh						2	
9/14/95	S95-16399	Fat breast	Formalin						2	
9/15/95	S95-16466	Fat breast	Fresh						1	
9/15/95	S95-16475	Fat breast	Fresh						1	
9/18/95	S95-16562	Fat breast	Formalin						1	
9/18/95	S95-16562	Fat breast	Formalin						3	
9/18/95	S95-16610	Fat breast	Fresh						1	
9/18/95	S95-16610	Fat breast	Formalin						3	
9/20/95	S95-16755	Fat breast	Fresh						1	
9/20/95	S95-16755	Fat breast	Formalin						3	
9/20/95	S95-16758	Fat breast	Formalin						1	
9/21/95	S95-16811	Fat breast	Fresh						1	
9/20/95	S95-16811	Fat breast	Formalin						3	
9/20/95	S95-16811	Fat breast	Formalin						3	
9/21/95	S95-16872	Fat breast	Fresh						1	
9/21/95	S95-16872	Fat breast	Formalin						1	
9/22/95	S95-16934	Fat breast	Fresh						2	
9/22/95	S95-16934	Fat breast	Formalin						3	
9/22/95	S95-16994	Fat breast	Formalin						1	
9/26/95	S95-17121	Fat breast	Fresh						1	
9/28/95	S95-17123	Fat breast	Fresh						1	
9/27/95	S95-17160	Fat breast	Fresh						1	
9/27/95	S95-17212	Fat breast	Fresh						1	
9/27/95	S95-17213	Fat breast	Fresh						1	
9/27/95	S95-17213	Fat breast	Formalin						3	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
10/2/95	S95-17500	Fat breast Formalin							3	
10/2/95	S95-17501	Fat breast Formalin							1	
10/2/95	S95-17504	Fat breast Formalin							1	
10/2/95	S95-17505	Fat breast Formalin							3	
10/2/95	S95-17505	Fat breast Formalin							3	
10/2/95	S95-17511	Fat breast Formalin							1	
10/2/95	S95-17513	Fat breast Formalin							3	
10/3/95	S95-17587	Fat breast Formalin							1	
10/5/95	S95-17754	Fat breast Formalin							1	
10/6/95	S95-17834	Fat breast Formalin							1	
10/6/95	S95-17838	Fat breast Formalin							3	
10/6/95	S95-17845	Fat breast Formalin							1	
10/6/95	S95-17859	Fat breast Formalin							1	
10/9/95	S95-17913	Fat breast Fresh							1	
10/9/95	S95-17920	Fat breast Formalin							1	
10/9/95	S95-17926	Fat breast Formalin							1	
10/10/95	S95-17985	Fat breast Fresh							1	
10/10/95	S95-17985	Fat breast Formalin							3	
10/10/95	S95-18040	Fat breast Formalin							1	
10/13/95	S95-18218	Fat breast Formalin							1	
10/13/95	S95-18222	Fat breast Fresh							1	
10/13/95	S95-18243	Fat breast Formalin							2	
10/13/95	S95-18243	Fat breast Formalin							2	
10/17/95	S95-18243	Fat breast Fresh							2	
10/17/95	S95-18243	Fat breast Fresh							1	
10/13/95	S95-18259	Fat breast Formalin							1	
10/17/95	S95-18332	Fat breast Fresh							1	
10/16/95	S95-18366	Fat breast Fresh							1	
10/17/95	S95-18398	Fat breast Fresh							1	
10/17/95	S95-18398	Fat breast Formalin							3	
10/17/95	S95-18398	Fat breast Formalin							1	
10/24/95	S95-18431	Fat breast Fresh							2	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type			OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
10/19/95	S95-18603	Fat	breast	Fresh							1	
10/20/95	S95-18695	Fat	breast	Fresh							1	
10/23/95	S95-18764	Fat	breast	Fresh							1	
10/23/95	S95-18809	Fat	breast	Formalin							1	
10/24/95	S95-18861	Fat	breast	Formalin							2	
10/24/95	S95-18891	Fat	breast	Formalin							1	
11/1/95	S95-18952	Fat	breast	Formalin							2	
10/27/95	S95-19104	Fat	breast	Fresh							1	
10/27/95	S95-19104	Fat	breast	Formalin							2	
10/30/95	S95-19262	Fat	breast	Fresh							1	
10/30/95	S95-19262	Fat	breast	Formalin							3	
10/31/95	S95-19272	Fat	breast	Fresh							1	
10/31/95	S95-19290	Fat	breast	Fresh							1	
10/31/95	S95-19290	Fat	breast	Formalin							2	
10/31/95	S95-19303	Fat	breast	Fresh							1	
10/31/95	S95-19349	Fat	breast	Formalin							3	
11/1/95	S95-19426	Fat	breast	Fresh							1	
11/1/95	S95-19426	Fat	breast	Formalin							1	
11/2/95	S95-19527	Fat	breast	Fresh							1	
11/3/95	S95-19527	Fat	breast	Formalin							3	
11/3/95	S95-19566	Fat	breast	Formalin							3	
11/3/95	S95-19570	Fat	breast	Fresh							1	
11/3/95	S95-19577	Fat	breast	Fresh							1	
11/3/95	S95-19577	Fat	breast	Formalin							3	
11/6/95	S95-19643	Fat	breast	Fresh							1	
11/6/95	S95-19643	Fat	breast	Formalin							1	
11/6/95	S95-19703	Fat	breast	Fresh							1	
11/6/95	S95-19703	Fat	breast	Formalin							1	
11/7/95	S95-19711	Fat	breast	Fresh							1	
11/7/95	S95-19754	Fat	breast	Fresh							1	
11/7/95	S95-19762	Fat	breast	Fresh							1	
11/7/95	S95-19763	Fat	breast	Fresh							1	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
11/7/95	S95-19769	Fat breast	Fresh						1	
11/7/95	S95-19769	Fat breast	Formalin						1	
11/7/95	S95-19780	Fat breast	Fresh						1	
11/7/95	S95-19780	Fat breast	Formalin						1	
11/7/95	S95-19796	Fat breast	Fresh						1	
11/7/95	S95-19796	Fat breast	Fresh						1	
11/8/95	S95-19798	Fat breast	Fresh						3	
11/7/95	S95-19798	Fat breast	Formalin						1	
11/7/95	S95-19798	Fat breast	Formalin						1	
11/7/95	S95-19798	Fat breast	Formalin						2	
11/9/95	S95-19976	Fat breast	Formalin						1	
11/10/95	S95-20041	Fat breast	Fresh						1	
11/10/95	S95-20041	Fat breast	Formalin						2	
11/10/95	S95-20055	Fat breast	Fresh						1	
11/10/95	S95-20055	Fat breast	Formalin						1	
11/10/95	S95-20060	Fat breast	Fresh						1	
11/10/95	S95-20072	Fat breast	Fresh						1	
11/10/95	S95-20072	Fat breast	Formalin						1	
11/13/95	S95-20150	Fat breast	Fresh						2	
11/13/95	S95-20150	Fat breast	Formalin						2	
11/13/95	S95-20197	Fat breast	Formalin						1	
11/14/95	S95-20259	Fat breast	Fresh						3	
11/14/95	S95-20259	Fat breast	Formalin						3	
11/14/95	S95-20272	Fat breast	Fresh						2	
11/14/95	S95-20273	Fat breast	Fresh						1	
11/22/95	S95-20293	Fat breast	Formalin						1	
11/14/95	S95-20301	Fat breast	Fresh						1	
11/14/95	S95-20301	Fat breast	Fresh						1	
11/15/95	S95-20363	Fat breast	Fresh						1	
11/15/95	S95-20372	Fat breast	Fresh						1	
11/20/95	S95-20710	Fat breast	Fresh						1	
11/20/95	S95-20743	Fat breast	Fresh						1	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type			OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
11/20/95	S95-20743	Fat	breast	Formalin							3	
11/21/95	S95-20800	Fat	breast	Formalin							3	
11/21/95	S95-20844	Fat	breast	Fresh							1	
11/21/95	S95-20849	Fat	breast	Fresh							1	
11/21/95	S95-20849	Fat	breast	Formalin							1	
11/21/95	S95-20890	Fat	breast	Fresh							1	
11/22/95	S95-20929	Fat	breast	Fresh							1	
11/22/95	S95-20929	Fat	breast	Fresh							1	
11/22/95	S95-20929	Fat	breast	Formalin							1	
11/22/95	S95-20936	Fat	breast	Formalin							1	
11/22/95	S95-20943	Fat	breast	Formalin							3	
11/24/95	S95-21004	Fat	breast	Formalin							3	
11/27/95	S95-21055	Fat	breast	Fresh							1	
11/27/95	S95-21077	Fat	breast	Fresh							3	
11/27/95	S95-21077	Fat	breast	Formalin							3	
11/28/95	S95-21114	Fat	breast	Fresh							1	
11/28/95	S95-21114	Fat	breast	Formalin							3	
11/28/95	S95-21152	Fat	breast	Fresh							1	
11/24/95	S95-21152	Fat	breast	Formalin							3	
11/30/95	S95-21269	Fat	breast	Fresh							1	
11/30/95	S95-21343	Fat	breast	Fresh							1	
11/30/95	S95-21343	Fat	breast	Formalin							1	
12/1/95	S95-21412	Fat	breast	Formalin							1	
12/7/95	S95-21430	Fat	breast	Fresh							1	
12/1/95	S95-21464	Fat	breast	Formalin							1	
12/4/95	S95-21538	Fat	breast	Fresh							3	
12/4/95	S95-21538	Fat	breast	Formalin							2	
12/4/95	S95-21545	Fat	breast	Formalin							1	
12/4/95	S95-21554	Fat	breast	Fresh							1	
12/4/95	S95-21556	Fat	breast	Fresh							1	
12/4/95	S95-21556	Fat	breast	Fresh							1	
12/4/95	S95-21556	Fat	breast	Formalin							1	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type			OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
12/5/95	S95-21591	Fat	breast	Fresh							1	
12/5/95	S95-21591	Fat	breast	Formalin							1	
12/7/95	S95-21640	Fat	breast	Fresh							1	
12/5/95	S95-21640	Fat	breast	Formalin							3	
12/6/95	S95-21698	Fat	breast	Fresh							1	
12/6/95	S95-21712	Fat	breast	Fresh							1	
12/6/95	S95-21712	Fat	breast	Fresh							1	
12/6/95	S95-21712	Fat	breast	Fresh							1	
12/6/95	S95-21712	Fat	breast	Formalin							1	
12/6/95	S95-21751	Fat	breast	Fresh							1	
12/6/95	S95-21751	Fat	breast	Formalin							1	
12/6/95	S95-21751	Fat	breast	Formalin							1	
12/7/95	S95-21848	Fat	breast	Formalin							1	
12/7/95	S95-21850	Fat	breast	Formalin							1	
12/8/95	S95-21876	Fat	breast	Fresh							1	
12/8/95	S95-21876	Fat	breast	Formalin							1	
12/7/95	S95-21877	Fat	breast	Fresh							1	
12/8/95	S95-21877	Fat	breast	Fresh							1	
12/8/95	S95-21877	Fat	breast	Formalin							1	
12/8/95	S95-21888	Fat	breast	Fresh							1	
12/8/95	S95-21888	Fat	breast	Formalin							1	
12/8/95	S95-21899	Fat	breast	Fresh							1	
12/8/95	S95-21899	Fat	breast	Formalin							1	
12/8/95	S95-21902	Fat	breast	Fresh							1	
12/8/95	S95-21912	Fat	breast	Formalin							1	
12/8/95	S95-21937	Fat	breast	Formalin							1	
12/11/95	S95-21964	Fat	breast	Fresh							1	
12/11/95	S95-21964	Fat	breast	Formalin							1	
12/11/95	S95-21964	Fat	breast	Formalin							1	
12/11/95	S95-22012	Fat	breast	Fresh							1	
12/11/95	S95-22012	Fat	breast	Formalin							1	
12/11/95	S95-22036	Fat	breast	Formalin							1	

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By Tissue Type

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12/11/95	S95-22042	Fat	breast	Fresh							1	
12/11/95	S95-22042	Fat	breast	Formalin							1	
12/12/95	S95-22067	Fat	breast	Formalin							1	
12/13/95	S95-22087	Fat	breast	Formalin							1	
12/12/95	S95-22087	Fat	breast	Formalin							3	
12/12/95	S95-22094	Fat	breast	Fresh							1	
12/12/95	S95-22105	Fat	breast	Fresh							1	
12/12/95	S95-22105	Fat	breast	Formalin							1	
12/12/95	S95-22128	Fat	breast	Formalin							1	
12/12/95	S95-22156	Fat	breast	Fresh							1	
12/13/95	S95-22226	Fat	breast	Formalin							1	
12/13/95	S95-22245	Fat	breast	Formalin							1	
12/13/95	S95-22271	Fat	breast	Formalin							1	
12/13/95	S95-22271	Fat	breast	Formalin							1	
12/13/95	S95-22271	Fat	breast	Formalin							1	
12/14/95	S95-22317	Fat	breast	Fresh							1	
12/14/95	S95-22317	Fat	breast	Formalin							1	
12/14/95	S95-22320	Fat	breast	Formalin							1	
12/14/95	S95-22339	Fat	breast	Formalin							1	
12/14/95	S95-22342	Fat	breast	Formalin							1	
12/15/95	S95-22392	Fat	breast	Fresh							1	
12/15/95	S95-22398	Fat	breast	Fresh							1	
12/15/95	S95-22398	Fat	breast	Formalin							1	
12/15/95	S95-22409	Fat	breast	Fresh							1	
12/15/95	S95-22410	Fat	breast	Fresh							1	
12/15/95	S95-22410	Fat	breast	Fresh							1	
12/15/95	S95-22415	Fat	breast	Fresh							1	
12/15/95	S95-22430	Fat	breast	Fresh							1	
12/15/95	S95-22430	Fat	breast	Fresh							1	
12/15/95	S95-22430	Fat	breast	Formalin							1	
12/15/95	S95-22434	Fat	breast	Formalin							1	
12/15/95	S95-22450	Fat	breast	Formalin							2	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type			OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
12/18/95	S95-22525	Fat	breast	Fresh							1	
12/18/95	S95-22549	Fat	breast	Formalin							1	
12/18/95	S95-22574	Fat	breast	Fresh							1	
12/19/95	S95-22574	Fat	breast	Formalin							1	
12/19/95	S95-22577	Fat	breast	Fresh							1	
12/19/95	S95-22577	Fat	breast	Fresh							1	
12/19/95	S95-22583	Fat	breast	Fresh							1	
12/19/95	S95-22591	Fat	breast	Fresh							1	
12/19/95	S95-22596	Fat	breast	Fresh							1	
12/19/95	S95-22596	Fat	breast	Formalin							1	
12/19/95	S95-22597	Fat	breast	Fresh							1	
12/20/95	S95-22602	Fat	breast	Fresh							1	
12/20/95	S95-22669	Fat	breast	Fresh							1	
12/20/95	S95-22669	Fat	breast	Fresh							1	
12/20/95	S95-22690	Fat	breast	Fresh							1	
12/21/95	S95-22724	Fat	breast	Fresh							1	
12/21/95	S95-22724	Fat	breast	Fresh							1	
12/21/95	S95-22724	Fat	breast	Formalin							3	
12/22/95	S95-22815	Fat	breast	Fresh							1	
12/22/95	S95-22818	Fat	breast	Fresh							1	
12/22/95	S95-22838	Fat	breast	Fresh							1	
12/22/95	S95-22854	Fat	breast	Formalin							1	
12/27/95	S95-22910	Fat	breast	Formalin							1	
12/22/95	S95-22918	Fat	breast	Formalin							1	
1/2/96	S95-23049	Fat	breast	Fresh							1	
12/22/95	S95-23058	Fat	breast	Fresh							1	
1/10/96	S96-77	Fat	breast	Formalin							3	
1/3/96	S96-77	Fat	breast	Fresh							2	
1/3/96	S96-86	Fat	breast	Fresh							1	
1/16/96	S96-86	Fat	breast	Formalin							2	
1/10/96	S96-167	Fat	breast	Formalin							2	
1/4/96	S96-167	Fat	breast	Fresh							1	

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By Tissue Type

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1/10/96	S96-197	Fat breast	Formalin						1	
1/10/96	S96-197	Fat breast	Formalin						1	
1/4/96	S96-197	Fat breast	Fresh						1	
1/6/96	S96-268	Fat breast	Fresh						1	
1/6/96	S96-273	Fat breast	Fresh						1	
1/6/96	S96-280	Fat breast	Fresh						1	
1/5/96	S96-280	Fat breast	Formalin						3	
1/6/96	S96-320	Fat breast	Fresh						1	
1/5/96	S96-320	Fat breast	Formalin						3	
1/16/96	S96-342	Fat breast	Formalin						2	
1/10/96	S96-371	Fat breast	Formalin						2	
1/9/96	S96-409	Fat breast	Fresh						1	
1/10/96	S96-454	Fat breast	Formalin						1	
1/16/96	S96-454	Fat breast	Formalin						1	
1/16/96	S96-471	Fat breast	Formalin						1	
1/11/96	S96-601	Fat breast	Fresh						2	
1/11/96	S96-601	Fat breast	Formalin						3	
1/12/96	S96-676	Fat breast	Fresh						1	
1/15/96	S96-772	Fat breast	Formalin						1	
1/15/96	S96-783	Fat breast	Formalin						1	
1/15/96	S96-787	Fat breast	Fresh						1	
1/15/96	S96-789	Fat breast	Fresh						2	
1/15/96	S96-789	Fat breast	Formalin						2	
1/15/96	S96-789	Fat breast	Formalin						3	
1/15/96	S96-800	Fat breast	Formalin						1	
1/16/96	S96-872	Fat breast	Fresh						1	
1/16/96	S96-872	Fat breast	Formalin						1	
1/16/96	S96-900	Fat breast	Fresh						1	
1/16/96	S96-900	Fat breast	Formalin						3	
1/16/96	S96-906	Fat breast	Fresh						1	
1/16/96	S96-914	Fat breast	Fresh						1	
1/17/96	S96-930	Fat breast	Fresh						1	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
1/16/96	S96-930	Fat breast	Formalin						3	
1/17/96	S96-937	Fat breast	Fresh						1	
1/24/96	S96-937	Fat breast	Formalin						3	
1/17/96	S96-946	Fat breast	Fresh						1	
1/24/96	S96-946	Fat breast	Formalin						2	
1/17/96	S96-998	Fat breast	Formalin						2	
1/18/96	S96-1144	Fat breast	Fresh						1	
1/18/96	S96-1171	Fat breast	Fresh						2	
1/24/96	S96-1171	Fat breast	Fresh						1	
1/19/96	S96-1171	Fat breast	Formalin						2	
1/23/96	S96-1319	Fat breast	Fresh						1	
1/23/96	S96-1322	Fat breast	Fresh						1	
1/23/96	S96-1337	Fat breast	Formalin						1	
1/23/96	S96-1340	Fat breast	Fresh						1	
1/24/96	S96-1456	Fat breast	Fresh						1	
1/25/96	S96-1579	Fat breast	Fresh						1	
1/25/96	S96-1610	Fat breast	Fresh						1	
1/25/96	S96-1643	Fat breast	Fresh						1	
1/26/96	S96-1669	Fat breast	Formalin						1	
1/29/96	S96-1801	Fat breast	Fresh						1	
1/29/96	S96-1801	Fat breast	Formalin						2	
1/30/96	S96-1808	Fat breast	Fresh						1	
1/30/96	S96-1852	Fat breast	Formalin						1	
1/31/96	S96-1994	Fat breast	Fresh						1	
2/5/96	S96-2193	Fat breast	Fresh						1	
2/5/96	S96-2200	Fat breast	Fresh						1	
2/5/96	S96-2200	Fat breast	Formalin						1	
2/9/96	S96-2200	Fat breast	Formalin						1	
2/5/96	S96-2222	Fat breast	Fresh						1	
2/5/96	S96-2222	Fat breast	Formalin							1
2/5/96	S96-2281	Fat breast	Fresh						1	
2/5/96	S96-2281	Fat breast	Formalin						1	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
2/5/96	S96-2281	Fat breast Formalin								1
2/7/96	S96-2404	Fat breast Formalin							1	
2/7/96	S96-2404	Fat breast Formalin								1
2/7/96	S96-2418	Fat breast Formalin							1	
2/7/96	S96-2418	Fat breast Formalin								3
2/8/96	S96-2508	Fat breast Fresh							1	
2/8/96	S96-2508	Fat breast Formalin								1
2/8/96	S96-2531	Fat breast Fresh							1	
2/9/96	S96-2585	Fat breast Fresh							1	
2/9/96	S96-2595	Fat breast Fresh							1	
2/9/96	S96-2595	Fat breast Formalin								1
2/9/96	S96-2596	Fat breast Fresh							1	
2/9/96	S96-2603	Fat breast Formalin								1
2/9/96	S96-2612	Fat breast Formalin								2
2/9/96	S96-2612	Fat breast Formalin								1
2/9/96	S96-2626	Fat breast Formalin								2
2/9/96	S96-2634	Fat breast Formalin								1
2/12/96	S96-2704	Fat breast Frozen in								1
2/12/96	S96-2708	Fat breast Formalin								1
2/12/96	S96-2708	Fat breast Frozen in								1
2/12/96	S96-2709	Fat breast Frozen in								1
2/12/96	S96-2711	Fat breast Frozen in								1
2/13/96	S96-2786	Fat breast Formalin								2
2/22/96	S96-2917	Fat breast Frozen in								3
2/15/96	S96-2970	Fat breast Frozen in								1
2/16/96	S96-3038	Fat breast Frozen in								1
2/22/96	S96-3052	Fat breast Frozen in								1
2/16/96	S96-3052	Fat breast Frozen in								1
3/5/96	S96-3111	Fat breast Formalin							1	
2/19/96	S96-3111	Fat breast Frozen in								1
2/19/96	S96-3130	Fat breast Formalin							3	
2/19/96	S96-3130	Fat breast Frozen in								1

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
2/19/96	S96-3130	Fat breast Formalin								1
2/19/96	S96-3131	Fat breast Formalin							3	
2/19/96	S96-3131	Fat breast Frozen in								1
2/22/96	S96-3158	Fat breast Frozen in								1
2/19/96	S96-3158	Fat breast Frozen in								1
2/12/96	S96-3158	Fat breast Formalin								3
2/20/96	S96-3227	Fat breast Frozen in								1
2/20/96	S96-3253	Fat breast Formalin							2	
2/20/96	S96-3253	Fat breast Formalin							1	
2/20/96	S96-3253	Fat breast Frozen in								2
2/21/96	S96-3302	Fat breast Formalin							2	
2/21/96	S96-3302	Fat breast Frozen in								1
2/28/96	S96-3344	Fat breast Fresh							3	
2/21/96	S96-3344	Fat breast Frozen in								1
2/22/96	S96-3412	Fat breast Formalin							1	
2/22/96	S96-3412	Fat breast Frozen in								1
2/22/96	S96-3414	Fat breast Formalin							1	
2/22/96	S96-3414	Fat breast Frozen in								1
3/5/96	S96-3428	Fat breast Formalin							1	
2/22/96	S96-3428	Fat breast Formalin							1	
2/23/96	S96-3484	Fat breast Frozen in								1
2/23/96	S96-3485	Fat breast Frozen in								1
2/23/96	S96-3503	Fat breast Frozen in								1
2/23/96	S96-3524	Fat breast Frozen in								1
3/5/96	S96-3591	Fat breast Formalin							2	
2/26/96	S96-3591	Fat breast Frozen in								1
2/26/96	S96-3624	Fat breast Fresh							1	
2/26/96	S96-3627	Fat breast Fresh							1	
2/27/96	S96-3684	Fat breast Fresh							1	
2/27/96	S96-3704	Fat breast Fresh							1	
2/28/96	S96-3765	Fat breast Fresh							1	
3/5/96	S96-3765	Fat breast Formalin							1	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
2/29/96	S96-3872	Fat breast	Formalin						1	
3/1/96	S96-3917	Fat breast	Formalin						1	
3/1/96	S96-3969	Fat breast	Formalin						3	
3/1/96	S96-3969	Fat breast	Formalin						1	
3/1/96	S96-3969	Fat breast	Formalin						2	
3/1/96	S96-3996	Fat breast	Formalin						1	
3/4/96	S96-4074	Fat breast	Fresh						1	
3/4/96	S96-4093	Fat breast	Fresh						1	
3/4/96	S96-4093	Fat breast	Fresh						1	
3/4/96	S96-4093	Fat breast	Formalin						3	
3/4/96	S96-4095	Fat breast	Fresh						1	
3/4/96	S96-4104	Fat breast	Fresh						1	
3/5/96	S96-4176	Fat breast	Fresh						1	
3/5/96	S96-4179	Fat breast	Formalin						1	
3/5/96	S96-4179	Fat breast	Formalin						1	
3/6/96	S96-4304	Fat breast	Formalin						1	
3/6/96	S96-4306	Fat breast	Fresh						1	
3/6/96	S96-4306	Fat breast	Formalin						3	
3/7/96	S96-4396	Fat breast	Fresh						1	
3/8/96	S96-4410	Fat breast	Fresh						1	
3/8/96	S96-4410	Fat breast	Formalin						2	
3/8/96	S96-4432	Fat breast	Fresh						1	
3/8/96	S96-4443	Fat breast	Fresh						1	
3/8/96	S96-4473	Fat breast	Fresh						1	
3/11/96	S96-4589	Fat breast	Formalin						3	
3/12/96	S96-4619	Fat breast	Fresh						1	
3/20/96	S96-4629	Fat breast	Formalin						1	
3/13/96	S96-4725	Fat breast	Fresh						1	
3/20/96	S96-4818	Fat breast	Formalin						1	
3/15/96	S96-4873	Fat breast	Fresh						1	
3/15/96	S96-4873	Fat breast	Formalin						1	
3/15/96	S96-4897	Fat breast	Fresh						1	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
3/15/96	S96-4897	Fat breast	Formalin						3	
3/21/96	S96-4898	Fat breast	Formalin						2	
4/22/96	S96-4899	Fat breast	Frozen in							1
3/15/96	S96-4901	Fat breast	Fresh						1	
3/21/96	S96-4925	Fat breast	Formalin						2	
3/18/96	S96-4989	Fat breast	Fresh						1	
3/18/96	S96-4989	Fat breast	Fresh						1	
3/18/96	S96-5010	Fat breast	Fresh						1	
3/18/96	S96-5010	Fat breast	Formalin						1	
3/18/96	S96-5059	Fat breast	Fresh						1	
3/18/96	S96-5059	Fat breast	Fresh						1	
3/19/96	S96-5078	Fat breast	Fresh						1	
3/20/96	S96-5078	Fat breast	Formalin						1	
3/19/96	S96-5078	Fat breast	Formalin						3	
3/19/96	S96-5081	Fat breast	Fresh						1	
3/19/96	S96-5081	Fat breast	Formalin						3	
3/19/96	S96-5085	Fat breast	Formalin						1	
3/19/96	S96-5100	Fat breast	Formalin						1	
3/20/96	S96-5210	Fat breast	Fresh						1	
3/21/96	S96-5244	Fat breast	Fresh						1	
3/21/96	S96-5244	Fat breast	Formalin						1	
3/25/96	S96-5266	Fat breast	Formalin						1	
3/22/96	S96-5368	Fat breast	Formalin						1	
3/22/96	S96-5368	Fat breast	Formalin						1	
3/25/96	S96-5404	Fat breast	Fresh						1	
3/25/96	S96-5404	Fat breast	Fresh						1	
3/25/96	S96-5404	Fat breast	Formalin						2	
3/25/96	S96-5452	Fat breast	Fresh						1	
3/25/96	S96-5452	Fat breast	Fresh						1	
3/25/96	S96-5452	Fat breast	Formalin						1	
3/25/96	S96-5491	Fat breast	Formalin						1	
3/25/96	S96-5508	Fat breast	Formalin						1	

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
3/25/96	S96-5516	Fat breast Formalin							2	
3/26/96	S96-5545	Fat breast Fresh							1	
3/28/96	S96-5683	Fat breast Fresh							1	
3/28/96	S96-5683	Fat breast Formalin							1	
3/28/96	S96-5755	Fat breast Formalin							1	
3/29/96	S96-5804	Fat breast Fresh							2	
4/1/96	S96-5919	Fat breast Fresh							1	
4/3/96	S96-6092	Fat breast Fresh							1	
4/3/96	S96-6109	Fat breast Fresh							1	
4/4/96	S96-6178	Fat breast Fresh							1	
4/8/96	S96-6251	Fat breast Formalin								3
4/16/96	S96-6257	Fat breast Formalin								2
4/8/96	S96-6282	Fat breast Fresh							1	
4/8/96	S96-6319	Fat breast Fresh							1	
4/9/96	S96-6395	Fat breast Fresh							1	
4/9/96	S96-6416	Fat breast Formalin								2
4/9/96	S96-6417	Fat breast Frozen in								1
4/9/96	S96-6424	Fat breast Fresh							1	
4/10/96	S96-6451	Fat breast Fresh							1	
4/10/96	S96-6481	Fat breast Fresh							1	
4/10/96	S96-6505	Fat breast Formalin								3
4/16/96	S96-6848	Fat breast Frozen in								1
4/16/96	S96-6848	Fat breast Formalin								3
4/17/96	S96-6954	Fat breast Frozen in								1
4/18/96	S96-7051	Fat breast Frozen in								1
4/18/96	S96-7051	Fat breast Formalin								3
4/19/96	S96-7151	Fat breast Frozen in								1
4/19/96	S96-7154	Fat breast Frozen in								1
4/19/96	S96-7154	Fat breast Formalin								1
4/19/96	S96-7183	Fat breast Frozen in								1
4/19/96	S96-7230	Fat breast Formalin								1
4/19/96	S96-7230	Fat breast Formalin								3

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By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
4/22/96	S96-7256	Fat breast	Formalin							1
4/22/96	S96-7256	Fat breast	Formalin							1
4/22/96	S96-7291	Fat breast	Frozen in							1
4/22/96	S96-7292	Fat breast	Frozen in							1
4/22/96	S96-7316	Fat breast	Frozen in							1
4/22/96	S96-7330	Fat breast	Frozen in							1
4/22/96	S96-7330	Fat breast	Formalin							2
4/23/96	S96-7331	Fat breast	Frozen in							1
4/22/96	S96-7331	Fat breast	Formalin							2
4/22/96	S96-7343	Fat breast	Formalin							3
4/22/96	S96-7351	Fat breast	Formalin							3
4/23/96	S96-7376	Fat breast	Frozen in							1
5/2/96	S96-7376	Fat breast	Frozen in							3
4/24/96	S96-7457	Fat breast	Frozen in							1
5/3/96	S96-7457	Fat breast	Frozen in							2
4/29/96	S96-7787	Fat breast	Frozen in							1
5/3/96	S96-7787	Fat breast	Frozen in							3
4/29/96	S96-7790	Fat breast	Frozen in							1
4/30/96	S96-7847	Fat breast	Frozen in							1
4/30/96	S96-7903	Fat breast	Frozen in							1
4/30/96	S96-7903	Fat breast	Frozen in							1
4/30/96	S96-7910	Fat breast	Frozen in							1
5/1/96	S96-7968	Fat breast	Frozen in							1
5/8/96	S96-7968	Fat breast	Frozen in							3
5/1/96	S96-7994	Fat breast	Formalin							1
5/8/96	S96-8023	Fat breast	Frozen in							2
5/2/96	S96-8045	Fat breast	Frozen in							1
5/2/96	S96-8045	Fat breast	Formalin							3
5/2/96	S96-8073	Fat breast	Frozen in							1
5/8/96	S96-8121	Fat breast	Frozen in							1
5/14/96	S96-8213	Fat breast	Frozen in							1
5/3/96	S96-8220	Fat breast	Formalin							1

Print Date: 7/18/96

Frozen Tissue Bank Collections

Report Period: 1995-6 collections

By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
5/3/96	S96-8220	Fat breast	Formalin							1
5/6/96	S96-8236	Fat breast	Frozen in							1
5/6/96	S96-8236	Fat breast	Formalin							1
5/6/96	S96-8272	Fat breast	Frozen in							1
5/6/96	S96-8293	Fat breast	Frozen in							1
5/6/96	S96-8293	Fat breast	Formalin							1
5/7/96	S96-8393	Fat breast	Frozen in							1
5/7/96	S96-8393	Fat breast	Formalin							1
5/7/96	S96-8399	Fat breast	Formalin							3
5/8/96	S96-8467	Fat breast	Formalin							3
5/8/96	S96-8486	Fat breast	Frozen in							1
5/9/96	S96-8619	Fat breast	Formalin							1
5/10/96	S96-8655	Fat breast	Formalin							1
5/10/96	S96-8664	Fat breast	Frozen in							1
5/10/96	S96-8668	Fat breast	Formalin							1
5/13/96	S96-8797	Fat breast	Frozen in							1
5/13/96	S96-8800	Fat breast	Formalin							1
5/14/96	S96-8882	Fat breast	Frozen in							1
5/14/96	S96-8884	Fat breast	Frozen in							1
5/14/96	S96-8909	Fat breast	Frozen in							1
5/14/96	S96-8909	Fat breast	Formalin							1
5/14/96	S96-8913	Fat breast	Frozen in							1
5/14/96	S96-8916	Fat breast	Frozen in							1
5/14/96	S96-8921	Fat breast	Frozen in							1
5/14/96	S96-8937	Fat breast	Frozen in							1
5/15/96	S96-8961	Fat breast	Frozen in							1
5/16/96	S96-9109	Fat breast	Frozen in							1
5/16/96	S96-9109	Fat breast	Formalin							1
5/17/96	S96-9156	Fat breast	Frozen in							1
5/17/96	S96-9159	Fat breast	Frozen in							1
5/17/96	S96-9194	Fat breast	Frozen in							1
5/17/96	S96-9194	Fat breast	Formalin							1

Print Date: 7/18/96

Frozen Tissue Bank Collections

Report Period: 1995-6 collections

By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
5/20/96	S96-9247	Fat breast	Frozen in							1
5/20/96	S96-9247	Fat breast	Formalin							3
5/20/96	S96-9266	Fat breast	Frozen in							1
5/20/96	S96-9270	Fat breast	Frozen in							1
5/20/96	S96-9292	Fat breast	Frozen in							1
5/21/96	S96-9385	Fat breast	Frozen in							1
5/21/96	S96-9385	Fat breast	Formalin							3
5/21/96	S96-9388	Fat breast	Formalin							1
5/21/96	S96-9388	Fat breast	Formalin							1
5/22/96	S96-9425	Fat breast	Formalin							2
5/22/96	S96-9466	Fat breast	Formalin							1
5/24/96	S96-9563	Fat breast	Formalin							1
5/23/96	S96-9563	Fat breast	Formalin							1
5/24/96	S96-9568	Fat breast	Frozen in							1
5/24/96	S96-9568	Fat breast	Formalin							1
5/24/96	S96-9586	Fat breast	Frozen in							1
5/24/96	S96-9587	Fat breast	Formalin							1
5/28/96	S96-9683	Fat breast	Frozen in							1
5/28/96	S96-9687	Fat breast	Frozen in							1
5/28/96	S96-9721	Fat breast	Frozen in							1
5/28/96	S96-9733	Fat breast	Frozen in							1
5/28/96	S96-9733	Fat breast	Frozen in							1
5/30/96	S96-9882	Fat breast	Frozen in							1
5/31/96	S96-9882	Fat breast	Formalin							1
5/30/96	S96-9885	Fat breast	Frozen in							1
5/31/96	S96-9955	Fat breast	Frozen in							1
5/31/96	S96-10007	Fat breast	Frozen in							1
5/31/96	S96-10007	Fat breast	Formalin							1
5/31/96	S96-10022	Fat breast	Formalin							1
5/31/96	S96-10025	Fat breast	Frozen in							1
6/3/96	S96-10088	Fat breast	Formalin							1
6/3/96	S96-10119	Fat breast	Frozen in							1

Print Date: 7/18/96

Frozen Tissue Bank Collections

Report Period: 1995-6 collections

By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
6/3/96	S96-10119	Fat breast	Frozen in							1
6/3/96	S96-10125	Fat breast	Frozen in							1
6/3/96	S96-10125	Fat breast	Formalin							3
6/3/96	S96-10146	Fat breast	Frozen in							1
6/4/96	S96-10197	Fat breast	Frozen in							1
5/31/96	S96-10197	Fat breast	Formalin							1
6/4/96	S96-10197	Fat breast	Formalin							2
6/4/96	S96-10225	Fat breast	Frozen in							1
6/5/96	S96-10337	Fat breast	Frozen in							1
6/5/96	S96-10389	Fat breast	Formalin							1
6/7/96	S96-10389	Fat breast	Formalin							1
6/6/96	S96-10415	Fat breast	Frozen in							1
6/6/96	S96-10415	Fat breast	Formalin							1
6/6/96	S96-10433	Fat breast	Frozen in							1
6/6/96	S96-10433	Fat breast	Formalin							1
6/6/96	S96-10440	Fat breast	Frozen in							1
6/20/96	S96-10440	Fat breast	Formalin							1
6/7/96	S96-10485	Fat breast	Frozen in							1
6/7/96	S96-10503	Fat breast	Frozen in							1
6/7/96	S96-10503	Fat breast	Formalin							1
6/7/96	S96-10517	Fat breast	Formalin							1
6/7/96	S96-10518	Fat breast	Frozen in							1
6/7/96	S96-10518	Fat breast	Frozen in							1
6/7/96	S96-10541	Fat breast	Frozen in							1
6/7/96	S96-10547	Fat breast	Frozen in							1
6/20/96	S96-10559	Fat breast	Formalin							1
6/10/96	S96-10626	Fat breast	Frozen in							1
6/10/96	S96-10626	Fat breast	Frozen in							1
6/20/96	S96-10626	Fat breast	Formalin							2
6/10/96	S96-10630	Fat breast	Frozen in							1
6/11/96	S96-10699	Fat breast	Frozen in							1
6/11/96	S96-10704	Fat breast	Frozen in							1

Print Date: 7/18/96

Frozen Tissue Bank Collections

Report Period: 1995-6 collections

By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
6/11/96	S96-10715	Fat breast	Frozen in							1
6/20/96	S96-10715	Fat breast	Formalin							1
6/11/96	S96-10746	Fat breast	Formalin							1
6/20/96	S96-10746	Fat breast	Formalin							1
6/12/96	S96-10799	Fat breast	Frozen in							1
6/20/96	S96-10799	Fat breast	Formalin							3
6/12/96	S96-10821	Fat breast	Frozen in							1
6/20/96	S96-10821	Fat breast	Formalin							1
6/14/96	S96-10950	Fat breast	Frozen in							1
6/20/96	S96-10950	Fat breast	Frozen in							1
6/14/96	S96-10954	Fat breast	Frozen in							1
6/14/96	S96-10998	Fat breast	Frozen in							1
6/14/96	S96-10999	Fat breast	Frozen in							1
6/14/96	S96-11016	Fat breast	Frozen in							1
6/20/96	S96-11016	Fat breast	Formalin							1
6/18/96	S96-11078	Fat breast	Frozen in							1
6/17/96	S96-11080	Fat breast	Frozen in							1
6/18/96	S96-11129	Fat breast	Frozen in							1
6/19/96	S96-11174	Fat breast	Frozen in							1
6/19/96	S96-11204	Fat breast	Frozen in							1
6/19/96	S96-11227	Fat breast	Frozen in							1
6/26/96	S96-11244	Fat breast	Formalin							2
6/18/96	S96-11250	Fat breast	Frozen in							1
6/20/96	S96-11412	Fat breast	Frozen in							1
6/21/96	S96-11434	Fat breast	Frozen in							1
6/21/96	S96-11434	Fat breast	Frozen in							1
6/24/96	S96-11532	Fat breast	Frozen in							1
6/25/96	S96-11532	Fat breast	Frozen in							1
6/25/96	S96-11532	Fat breast	Formalin							1
6/25/96	S96-11566	Fat breast	Frozen in							1
6/26/96	S96-11583	Fat breast	Frozen in							1
6/25/96	S96-11620	Fat breast	Frozen in							1

Print Date: 7/18/96

Frozen Tissue Bank Collections

Report Period: 1995-6 collections

By Tissue Type

Date Frozen	Accession Type & No.	Tissue type			OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
6/25/96	S96-11631	Fat	breast	Frozen in								1
6/26/96	S96-11690	Fat	breast	Frozen in								1
		FAT	745	2	4	2					715	273
		Total w/ pairs										
11/7/95	S95-19798	Fat and	breast	RPML							2	
11/10/95	S95-20041	Fat and	breast	RPML							2	
11/14/95	S95-20259	Fat and	breast	RPML							2	
		FAT AND SKIN	3								6	
		Total w/ pairs										
7/18/95	S95-12647	Skin	breast	Fresh							1	
8/16/95	S95-14608	Skin	breast	Fresh							1	
9/12/95	S95-16182	Skin	breast	Fresh							2	
9/15/95	S95-16493	Skin	breast	RPML							2	
10/28/95	S95-18815	Skin	breast	RPML							2	
10/27/95	S95-19126	Skin	breast	RPML							2	
11/3/95	S95-19566	Skin	breast	Own solution							1	
11/7/95	S95-19798	Skin	breast	Own solution							1	
11/10/95	S95-20041	Skin	breast	Own solution							1	
11/13/95	S95-20150	Skin	breast	Own solution							1	
12/4/95	S95-21538	Skin	breast	RPML							1	
1/4/96	S96-167	Skin	breast		1				1	1		
1/24/96	S96-946	Skin	breast	Paraffin					1		1	
2/16/96	S96-3061	Skin	breast	Own solution							2	
2/20/96	S96-3253	Skin	breast		5							
3/1/96	S96-3969	Skin	breast	RPML							1	
3/15/96	S96-4897	Skin	breast	RPML							1	
4/19/96	S96-7230	Skin	from	RPML							1	
5/3/96	S96-8159	Skin	breast	RPML							1	
6/21/96	S96-11433	Skin	breast	RPML							1	
		SKIN	20	0	6				2	1	24	
		Total w/ pairs										
3/27/96	S96-5639	Skin		RPML							2	

Frozen Tissue Bank Collections

Report Period: 1995-6 collections

By Tissue Type

Date Frozen	Accession Type & No.	Tissue type	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor	P'fin Normal	P'fin Tumor	Other normal	Other tumor
SKIN (BREAST)			1		2					
Total w/ pairs										
TOTALS:	1016 Cases	97 Cases w/ pairs	185	2431	6	12	47	47	749	277

Cytology Breast Specimen Collection

Date Collected	Accession # & part #	Tissue type	Volume of specimen (ml)
6-5-95	C95-4439 2	FNA BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	12
6-6-95	C95-4489 2	FNA RT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	20
6-8-95	C95-4575 2	LEFT BREAST, FNA/WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	10
6-15-95	C95-4780 2	RIGHT BREAST, FNA/WASH (BREAST FNA-FINE NEEDLE	20
7-11-95	C95-5377 2	FNA LEFT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	7
7-14-95	C95-5539 2	FNA LT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	10
7-17-95	C95-5540	FNA LT BREAST FL (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	12
7-18-95	C95-5632 2	FNA RT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	20
7-24-95	C95-5810 2	BREAST FNA-FINE NEEDLE ASPIRATION WASH	10
7-24-95	C95-5814	BREAST FNA (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	10
7-24-95	C95-5825 2	HEAD/NECK WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	7
7-28-95	C95-5975 2	FNA WASH BREAST (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	10
8-1-95	C95-6047 2	FNA RT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	3
8-3-95	C95-6140 2	FNA LT BREAST WASH (BREAST FNA (CYTOTECH ASSISTED))	2
8-7-95	C95-6241 2	FNA RT STEREO BREAST WASH (BREAST FNA (CYTOTECH ASSISTED))	17
8-7-95	C95-6241 1	FNA RT STEREO BREAST SMEAR (BREAST FNA (CYTOTECH ASSISTED))	20
8-7-95	C95-6257 2	FNA LT BREAST WASH (BREAST FNA (CYTOTECH ASSISTED))	20
8-11-95	C95-6395 2	FNA RT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	15
8-14-95	C95-6420	FNA LT BREAST SMEAR (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	10
8-15-95	C95-6495 2	FNA BREAST WASH (BREAST FNA (PATHOLOGIST PERFORMED))	5
8-15-95	C95-6497 2	FNA LT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	20
8-18-95	C95-6620 2	FNA LT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	10
8-23-94	C95-6723	FNA LT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	20
8-23-95	C95-6759 2	LT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	2
8-25-95	C95-6844 2	FNA RT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	15
8-28-95	C95-6858 2	FNA RT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	5
8-29-95	C95-6897 2	FNA LT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	10
9-12-95	C95-7272	FNA RT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	15
9-12-95	C95-7273 2	FNA LT BREAST 1:00 WASH (BREAST FNA-FINE NEEDLE	20
9-12-95	C95-7273 4	FNA LT BREAST 2:00 WASH (BREAST FNA-FINE NEEDLE	10
9-21-95	C95-7693 2	FNA LT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	17

Cytology Breast Specimen Collection

Date Collected	Accession # & part #	Tissue type	Volume of specimen (ml)
9-28-95	C95-7895 2	FNA RT BREAST WASH (BREAST FNA (CYTOTECH ASSISTED))	10
9-28-95	C95-7900 2	FNA LT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	10
10-4-95	C95-8084 2	BREAST FNA-FINE NEEDLE ASPIRATION WASH	5
10-5-95	C95-8122 2	FNA LT BREAST WASH (BREAST FNA (CYTOTECH ASSISTED))	10
10-5-95	C95-8128 2	FNA LEFT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	10
10-20-95	C95-8564 2	FNA LT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	15
10-23-95	C95-8668 2	FNA LEFT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	17
11-1-95	C95-8978	FNA R BREAST SMEAR (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	15
11-8-95	C95-9210	FNA LT BREAST FLUID (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	5
11-10-95	C95-9261 2	FNA LT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	15
11-10-95	C95-9262 2	FNA LT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	20
11-20-95	C95-9534	RT BREAST CYST ASPIRATION (BREAST FNA-FINE NEEDLE ASPIRATION/	15
11-22-95	C95-9601 2	LEFT BREAST; FINE NEEDLE ASPIRATION WASH (BREAST FNA-FINE	15
12-4-95	C95-9840	FNA RT BREAST SMEAR (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	5
12-7-95	C95-10032 2	FNA RT BREAST WASH (BREAST FNA (CYTOTECH ASSISTED))	7
12-18-95	C95-10289	FNA RT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	15
12-19-95	C95-10375	FNA LT BREAST SMEAR (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	15
1-2-96	C96-8	FNA RT BREAST SMEAR (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	20
1-4-96	C96-77 2	FNA RT BREAST WASH (BREAST FNA (CYTOTECH ASSISTED))	15
1-10-96	C96-197	FNA LT BREAST SMEAR (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	10
1-11-96	C96-221 2	FNA LT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	20
1-12-96	C96-283	FNA RT BREAST SMEAR (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	15
1-17-96	C96-412	FNA LT BREAST ASP. (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	5
1-17-96	C96-415 2	BREAST FNA-FINE NEEDLE ASPIRATION WASH	10
1-24-96	C96-634	FNA RT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	10
1-31-96	C96-885	FNA RT BREAST SMEAR (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	20
1-31-96	C96-886 2	FNA LT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	10
2-5-96	C96-1062	LEFT BREAST CYST FLUID (MISCELLANEOUS)	15
2-13-96	C96-1291	FNA RT BREAST SMEAR (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	1
2-15-96	C96-1402	FNA RT BREAST SMEAR (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	3
2-22-96	C96-1566 2	FNA RT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	5

Cytology Breast Specimen Collection

Date Collected	Accession # & part #	Tissue type	Volume of specimen (ml)
2-23-96	C96-1617	FNA RT BREAST SMEAR (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	15
3-6-96	C96-1965 2	FNA LEFT BREAST WASH (BREAST FNA-FINE NEEDLE ASPIRATION/WASH)	10
3-26-96	C96-2576	LT BREAST NIPPLE DISCHARGE (MISCELLANEOUS)	2
4-10-96	C96-2990	Part: 1 FNA LEFT BREAST SMEAR (BREAST FNA-FINE NEEDLE	17

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Accession Part Number	Date	Non- Frozen Normal	Non- Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
BUKULMEZ, GUL									
	Skin	S96-167	1/4/96			1			
	Skin	1 Case(s)	1 Sample(s)			1			
	Total for P.I.	1 Case(s)	1 Sample(s)			1			
COSTA									
	Breast	S95-13293	7/27/95			1	1		
	Breast	S95-15789	9/5/95						
	Breast	2 Case(s)	2 Sample(s)			1	1		
	Total for P.I.	2 Case(s)	2 Sample(s)			1	1		
CROTTY									
	Breast	S96-8045	5/29/96			1	1		
	Breast	S96-9882	6/4/96			1	1		
	Breast	S96-10119	6/3/96					1	1
	Breast	S96-10541	6/7/96					1	1
	Breast	S96-10799	6/12/96					1	1
	Breast	S96-11690	6/26/96						1
	Breast	6 Case(s)	11 Sample(s)			2	2	3	4
	Total for P.I.	6 Case(s)	11 Sample(s)			2	2	3	4
DOMBI									
	Breast	S96-9882	5/30/96		1	1	1		
	Breast	S96-10541	6/7/96		1				
	Breast	S96-11690	6/26/96		1				
	Breast	3 Case(s)	5 Sample(s)		3	1	1		
	Total for P.I.	3 Case(s)	5 Sample(s)		3	1	1		
DUBROW									
	Breast	S95-18603	10/19/95		1				
	Breast	1 Case(s)	1 Sample(s)		1				
	Fat	S95-15965	9/8/95		1 (fat)				
	Fat	S95-15966	9/8/95		1				
	Fat	2 Case(s)	2 Sample(s)		2				
	Total for P.I.	3 Case(s)	3 Sample(s)		3				
GOMES									
	Skin	S96-946	1/24/96		1				
	Skin	1 Case(s)	1 Sample(s)		1				
	Total for P.I.	1 Case(s)	1 Sample(s)		1				
GUTIERREZ									
	Breast	S95-14612	8/17/95						
	Breast	1 Case(s)	Sample(s)						

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Accession Part Number	Date	Non- Frozen Normal	Non- Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
Total for P.I.		1 Case(s)	Sample(s)						
HALLABAN									
Skin		S96-11433	6/21/96	1					
Skin		1 Case(s)	1 Sample(s)	1					
Total for P.I.		1 Case(s)	1 Sample(s)	1					
HANDSCHUMACHER									
Breast		S95-14209	8/9/95						1
Breast		S95-16562	9/18/95		1				
Breast		S95-16934	9/22/95					1	1
Breast		S95-17985	10/10/95					1	1
Breast		4 Case(s)	6 Sample(s)		1			2	3
Total for P.I.		4 Case(s)	6 Sample(s)		1			2	3
HOCHBERG									
Breast		S95-12627	9/5/95				8		
Breast		S96-4410	3/12/96				8		
Breast		S96-4443	3/8/96				8		
Breast		S96-4873	3/22/96				8		
Breast		S96-4914	3/22/96				4		
Breast		S96-4925	3/22/96				16		
Breast		S96-5266	3/22/96				8		
Breast		7 Case(s)	60 Sample(s)				60		
Total for P.I.		7 Case(s)	60 Sample(s)				60		
HOCHBERG, R.									
Breast		S95-11124	7/8/95				8		
Breast		S95-11358	7/8/95				8		
Breast		S95-11427	7/8/95				8		
Breast		S95-11445	7/8/95				8		
Breast		S95-11746	7/8/95				8		
Breast		S95-11921	7/8/95				8		
Breast		S95-11972	7/8/95				8		
Breast		S95-12161	9/5/95				8		
Breast		S95-12253	9/5/95				8		
Breast		S95-12556	9/5/95				15		
Breast		S95-14172	9/5/95				8		
Breast		S95-14678	9/5/95				8		
Breast		S95-15074	9/5/95				15		
Breast		S95-15228	9/5/95				15		
Breast		S95-15228	9/5/95				8		
Breast		S95-15854	9/6/95				8		
Breast		S95-16562	9/18/95				8		
Breast		S95-16716	9/19/95				8		
Breast		S95-16934	9/22/95				8		

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non-Frozen Normal	Non-Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
Breast			S95-17122	12/4/95				8		
Breast			S95-17500	10/20/95				8		
Breast			S95-17513	10/23/95				8		
Breast			S95-18398	10/23/95				8		
Breast			S95-18434	10/23/95				8		
Breast			S95-18603	10/23/95				8		
Breast			S95-18666	10/23/95				8		
Breast			S95-19426	11/10/95				8		
Breast			S95-19643	11/10/95				8		
Breast			S95-19703	11/10/95				8		
Breast			S95-19769	11/10/95				8		
Breast			S95-20259	11/15/95				8		
Breast			S95-20273	11/15/95				8		
Breast			S95-20273	11/14/95				8		
Breast			S95-20362	11/15/95				8		
Breast			S95-20580	12/4/95				8		
Breast			S95-20580	11/17/95				8		
Breast			S95-20952	12/4/95				8		
Breast			S95-20952	11/22/95				8		
Breast			S95-21114	12/4/95				8		
Breast			S95-21114	11/28/95				8		
Breast			S95-21877	12/8/95				8		
Breast			S95-22042	12/11/95				8		
Breast			S95-22067	12/12/95				15		
Breast			S95-22566	12/19/95				8		
Breast			S95-22574	12/19/95				8		
Breast			S95-22577	12/19/95				8		
Breast			S95-22724	1/1/96				5		
Breast			S96-1171	1/23/96				8		
Breast			S96-1319	1/23/96				8		
Breast			S96-1340	1/23/96				8		
Breast			S96-319	1/5/96				8		
Breast			S96-471	1/10/96				8		
Breast			S96-797	1/16/96				8		
Breast			S96-800	1/16/96				8		
Breast			S96-872	1/17/96				8		
Breast			S96-900	1/17/96				8		
Breast			S96-946	1/23/96				8		
Breast			S96-992	1/23/96				8		
Breast			S96-1610	1/26/96				8		
Breast			S96-1643	1/26/96				8		
Breast			S96-1808	1/30/96				8		
Breast			S96-2038	2/8/96				8		
Breast			S96-2281	2/8/96				8		
Breast			S96-2538	2/16/96				8		
Breast			S96-2595	2/17/96				8		
Breast			S96-3130	3/5/96				8		

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non-Frozen Normal	Non-Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
Breast			S96-3344	3/5/96				8		
Breast			S96-3765	3/5/96				16		
Breast			S96-4093	3/5/96				8		
Breast			S96-4095	3/5/96				8		
Breast			S96-4104	3/5/96				8		
Breast			S96-5683	4/3/96				8		
Breast			S96-5812	4/3/96				8		
Breast			S96-6092	4/3/96				8		
Breast			S96-6109	4/3/96				8		
Breast			S96-6365	4/17/96				8		
Breast			S96-6416	4/9/96				8		
Breast			S96-7457	4/24/96				8		
Breast			S96-7903	4/30/96				8		
Breast			S96-8213	5/3/96				8		
Breast			S96-8335	5/24/96				8		
Breast			S96-8393	5/24/96				8		
Breast			S96-8852	5/24/96				8		
Breast			S96-9588	5/24/96				8		
Breast			S96-9882	6/17/96				8		
Breast			S96-10821	6/17/96				8		
Breast			S96-10125	6/17/96				8		
Breast			S96-10337	6/17/96				8		
Breast			S96-10541	6/17/96				8		
Breast			S96-10547	6/17/96				8		
Breast			S96-10630	6/17/96				8		
Breast			S96-10950	6/17/96				8		
Breast			S96-10954	6/17/96				8		
Breast			S96-11227	6/28/96				8		
Breast			S96-11244	6/28/96				8		
Breast			S96-11583	6/28/96				8		
Breast			S96-11250	6/28/96				8		
Breast			S96-11620	6/28/96				8		
Breast			S96-11631	6/28/96				8		
Breast			S96-11690	6/28/96				8		
Breast			100 Case(s)	833 Sample(s)				833		
Total for P.I.			100 Case(s)	833 Sample(s)				833		
IMMUNO, H.										
Breast			S95-16562	9/18/95						1
Breast			1 Case(s)	1 Sample(s)						1
Total for P.I.			1 Case(s)	1 Sample(s)						1
LONGLEY										
Skin			S95-12647	7/18/95	1					
Skin			S95-16182	9/12/95	2					
Skin			2 Case(s)	3 Sample(s)	3					

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Accession			Non-	Non-	OCT	OCT	Snap	Snap
		Part	Number	Date	Frozen Normal	Frozen Tumor	Normal	Tumor	Normal	Tumor
Total for P.I.		2	Case(s)	3	Sample(s)	3				
MADISON										
Skin			S95-19566	11/3/95	1					
Skin			S95-19798	11/7/95	1					
Skin			S95-20041	11/10/95	1					
Skin			S95-20150	11/13/95	1					
Skin		4	Case(s)	4	Sample(s)	4				
Total for P.I.		4	Case(s)	4	Sample(s)	4				
POBER										
Breast			S95-17299	9/28/95	1					
Breast		1	Case(s)	1	Sample(s)	1				
Fat and Skin			S95-19798	11/7/95	2					
Fat and Skin			S95-20041	11/10/95	2					
Fat and Skin			S95-20259	11/14/95	2					
Fat and Skin		3	Case(s)	6	Sample(s)	6				
Skin			S95-14608	8/16/95	1					
Skin			S95-16493	9/15/95	2					
Skin			S95-18815	10/23/95	2					
Skin			S95-19126	10/27/95	2					
Skin			S95-20150	11/13/95	1					
Skin			S95-21538	12/1/95	1					
Skin			S96-3061	2/16/96	2					
Skin			S96-4897	3/15/96	1					
Skin			S96-7230	4/19/96	1					
Skin			S96-8159	5/3/96	1					
Skin		10	Case(s)	14	Sample(s)	14				
Skin (breast)			S96-5639	3/27/96	2					
Skin (breast)		1	Case(s)	2	Sample(s)	2				
Total for P.I.		15	Case(s)	23	Sample(s)	23				
RIMM										
Breast			S96-10541	7/18/96			1	1		
Breast		1	Case(s)	2	Sample(s)		1	1		
Total for P.I.		1	Case(s)	2	Sample(s)		1	1		
SCHECKNER										
Skin			S96-3969	3/1/96	1					
Skin		1	Case(s)	1	Sample(s)	1				
Total for P.I.		1	Case(s)	1	Sample(s)	1				
ZHENG										
Fat			S95-11905	7/5/95	1					

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession		Date	Non-	Non-	OCT	OCT	Snap	Snap
						Frozen	Frozen	Normal	Tumor	Normal	Tumor
			Number			Normal	Tumor				
Fat			S95-11100	7/19/95		3					
Fat			S95-11125	7/7/95		1					
Fat			S95-11240	7/19/95		1					
Fat			S95-11323	7/7/95		2					
Fat			S95-11610	7/18/95		1					
Fat			S95-11709	7/19/95		3					
Fat			S95-11746	7/18/95		1					
Fat			S95-11824	7/7/95		4					
Fat			S95-11905	7/11/95		1					
Fat			S95-11921	7/5/95		1					
Fat			S95-11925	7/7/95		1					
Fat			S95-11972	7/11/95		1					
Fat			S95-11996	7/10/95		1					
Fat			S95-12001	7/10/95		1					
Fat			S95-12114	7/13/95		3					
Fat			S95-12140	7/11/95		1					
Fat			S95-12161	7/11/95		1					
Fat			S95-12161	7/11/95		1					
Fat			S95-12253	7/11/95		1					
Fat			S95-12294	7/17/95		3					
Fat			S95-12339	7/13/95		1					
Fat			S95-12412	7/14/95		1					
Fat			S95-12464	7/14/95		1					
Fat			S95-12556	7/17/95		1					
Fat			S95-12584	7/17/95		1					
Fat			S95-12590	7/17/95		1					
Fat			S95-12627	8/28/95		1					
Fat			S95-12647	7/18/95		1					
Fat			S95-12647	7/27/95		2					
Fat			S95-12647	8/28/95		2					
Fat			S95-12656	7/18/95		1					
Fat			S95-12656	7/27/95		2					
Fat			S95-12689	7/18/95		1					
Fat			S95-12705	8/29/95		1					
Fat			S95-13004	7/24/95		1					
Fat			S95-13137	7/25/95		1					
Fat			S95-13137	7/31/95		1					
Fat			S95-13148	7/31/95		1					
Fat			S95-13177	7/25/95		1					
Fat			S95-13177	7/31/95		1					
Fat			S95-13198	7/25/95		1					
Fat			S95-13198	7/31/95		1					
Fat			S95-13293	7/26/95		1					
Fat			S95-13293	7/27/95		1					
Fat			S95-13293	8/1/95		3					
Fat			S95-13367	7/27/95		1					
Fat			S95-13398	7/28/95		1					

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non-Frozen Normal	Non-Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
	Fat		S95-13431	8/3/95	1					
	Fat		S95-13611	8/1/95	1					
	Fat		S95-13623	8/1/95	1					
	Fat		S95-13659	8/1/95	1					
	Fat		S95-13676	8/31/95	1					
	Fat		S95-13706	8/2/95	1					
	Fat		S95-13726	8/2/95	1					
	Fat		S95-13726	8/8/95	3					
	Fat		S95-14093	8/8/95	1					
	Fat		S95-14172	8/9/95	1					
	Fat		S95-14172	8/31/95	2					
	Fat		S95-14209	8/9/95	2					
	Fat		S95-14209	8/31/95	3					
	Fat		S95-14305	8/11/95	1					
	Fat		S95-14321	8/11/95	1					
	Fat		S95-14374	8/11/95	1					
	Fat		S95-14374	8/31/95	3					
	Fat		S95-14508	8/15/95	1					
	Fat		S95-14515	8/15/95	1					
	Fat		S95-14579	8/16/95	1					
	Fat		S95-14584	8/17/95	1					
	Fat		S95-14712	8/17/95	1					
	Fat		S95-14733	8/17/95	1					
	Fat		S95-14747	8/18/95	1					
	Fat		S95-14752	9/1/95	1					
	Fat		S95-14761	8/18/95	1					
	Fat		S95-14972	8/18/95	1					
	Fat		S95-15074	9/1/95	1					
	Fat		S95-15076	9/1/95	1					
	Fat		S95-15337	9/8/95	3					
	Fat		S95-15465	8/30/95	2					
	Fat		S95-15465	9/8/95	3					
	Fat		S95-15484	8/31/95	1					
	Fat		S95-15585	9/8/95	3					
	Fat		S95-15585	9/8/95	1					
	Fat		S95-15611	9/7/95	2					
	Fat		S95-15625	9/1/95	1					
	Fat		S95-15678	9/7/95	1					
	Fat		S95-15727	9/5/95	1					
	Fat		S95-15759	9/5/95	2					
	Fat		S95-15759	9/13/95	3					
	Fat		S95-15769	9/5/95	1					
	Fat		S95-15789	9/6/95	1					
	Fat		S95-15789	9/12/95	2					
	Fat		S95-15824	9/6/95	2					
	Fat		S95-15824	9/12/95	3					
	Fat		S95-15824	9/12/95	3					

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non- Frozen Normal	Non- Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
Fat			S95-15842	9/6/95	1					
Fat			S95-15854	9/6/95	1					
Fat			S95-15854	9/21/95	2					
Fat			S95-15927	9/7/95	1					
Fat			S95-15957	9/8/95	1					
Fat			S95-15957	9/19/95	1					
Fat			S95-15965	9/8/95	1					
Fat			S95-15965	9/18/95	3					
Fat			S95-15966	9/8/95	1					
Fat			S95-15966	9/13/95	3					
Fat			S95-15973	9/19/95	1					
Fat			S95-15976	9/12/95	1					
Fat			S95-15998	9/12/95	1					
Fat			S95-16140	9/19/95	1					
Fat			S95-16145	9/19/95	1					
Fat			S95-16148	9/11/95	1					
Fat			S95-16148	9/18/95	3					
Fat			S95-16162	9/19/95	1					
Fat			S95-16184	9/12/95	1					
Fat			S95-16192	10/9/95	1					
Fat			S95-16223	9/12/95	1					
Fat			S95-16223	9/19/95	3					
Fat			S95-16376	9/14/95	2					
Fat			S95-16399	10/9/95	2					
Fat			S95-16466	9/15/95	1					
Fat			S95-16475	9/15/95	1					
Fat			S95-16562	9/18/95	1					
Fat			S95-16562	9/28/95	3					
Fat			S95-16610	9/18/95	1					
Fat			S95-16610	9/25/95	3					
Fat			S95-16755	9/20/95	1					
Fat			S95-16755	9/28/95	3					
Fat			S95-16758	9/25/95	1					
Fat			S95-16811	9/21/95	1					
Fat			S95-16811	9/27/95	3					
Fat			S95-16811	9/28/95	3					
Fat			S95-16872	9/21/95	1					
Fat			S95-16872	9/28/95	1					
Fat			S95-16934	9/22/95	2					
Fat			S95-16934	9/28/95	3					
Fat			S95-16994	9/28/95	1					
Fat			S95-17121	9/26/95	1					
Fat			S95-17123	9/28/95	1					
Fat			S95-17160	9/27/95	1					
Fat			S95-17212	9/27/95	1					
Fat			S95-17213	9/27/95	1					
Fat			S95-17213	10/9/95	3					

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non- Frozen Normal	Non- Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
	Fat		S95-17500	10/10/95	3					
	Fat		S95-17501	10/10/95	1					
	Fat		S95-17504	10/9/95	1					
	Fat		S95-17505	10/10/95	3					
	Fat		S95-17505	10/10/95	3					
	Fat		S95-17511	10/9/95	1					
	Fat		S95-17513	10/10/95	3					
	Fat		S95-17587	10/9/95	1					
	Fat		S95-17754	10/10/95	1					
	Fat		S95-17834	10/10/95	1					
	Fat		S95-17838	10/11/95	3					
	Fat		S95-17845	10/10/95	1					
	Fat		S95-17859	10/10/95	1					
	Fat		S95-17913	10/9/95	1					
	Fat		S95-17920	10/12/95	1					
	Fat		S95-17926	10/12/95	1					
	Fat		S95-17985	10/10/95	1					
	Fat		S95-17985	10/17/95	3					
	Fat		S95-18040	10/12/95	1					
	Fat		S95-18218	10/17/95	1					
	Fat		S95-18222	10/13/95	1					
	Fat		S95-18243	10/17/95	2					
	Fat		S95-18243	10/17/95	2					
	Fat		S95-18243	10/17/95	2					
	Fat		S95-18243	10/17/95	1					
	Fat		S95-18259	10/17/95	1					
	Fat		S95-18332	10/17/95	1					
	Fat		S95-18366	10/16/95	1					
	Fat		S95-18398	10/17/95	1					
	Fat		S95-18398	10/20/95	3					
	Fat		S95-18398	10/23/95	1					
	Fat		S95-18431	10/24/95	2					
	Fat		S95-18603	10/19/95	1					
	Fat		S95-18695	10/20/95	1					
	Fat		S95-18764	10/23/95	1					
	Fat		S95-18809	10/27/95	1					
	Fat		S95-18861	11/3/95	2					
	Fat		S95-18891	10/27/95	1					
	Fat		S95-18952	11/1/95	2					
	Fat		S95-19104	10/27/95	1					
	Fat		S95-19104	11/7/95	2					
	Fat		S95-19262	10/30/95	1					
	Fat		S95-19262	11/7/95	3					
	Fat		S95-19272	10/31/95	1					
	Fat		S95-19290	10/31/95	1					
	Fat		S95-19290	11/7/95	2					
	Fat		S95-19303	10/31/95	1					

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non- Frozen Normal	Non- Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
Fat			S95-19349	11/7/95	3					
Fat			S95-19426	11/1/95	1					
Fat			S95-19426	11/7/95	1					
Fat			S95-19527	11/2/95	1					
Fat			S95-19527	11/9/95	3					
Fat			S95-19566	11/14/95	3					
Fat			S95-19570	11/3/95	1					
Fat			S95-19577	11/3/95	1					
Fat			S95-19577	11/9/95	3					
Fat			S95-19643	11/6/95	1					
Fat			S95-19643	11/9/95	1					
Fat			S95-19703	11/6/95	1					
Fat			S95-19703	11/14/95	1					
Fat			S95-19711	11/7/95	1					
Fat			S95-19754	11/7/95	1					
Fat			S95-19762	11/7/95	1					
Fat			S95-19763	11/7/95	1					
Fat			S95-19769	11/7/95	1					
Fat			S95-19769	11/14/95	1					
Fat			S95-19780	11/7/95	1					
Fat			S95-19780	11/14/95	1					
Fat			S95-19796	11/7/95	1					
Fat			S95-19796	11/7/95	1					
Fat			S95-19798	11/8/95	3					
Fat			S95-19798	11/14/95	1					
Fat			S95-19798	11/14/95	1					
Fat			S95-19798	11/14/95	2					
Fat			S95-19976	11/14/95	1					
Fat			S95-20041	11/10/95	1					
Fat			S95-20041	11/17/95	2					
Fat			S95-20055	11/10/95	1					
Fat			S95-20055	11/17/95	1					
Fat			S95-20060	11/10/95	1					
Fat			S95-20072	11/10/95	1					
Fat			S95-20072	11/17/95	1					
Fat			S95-20150	11/13/95	2					
Fat			S95-20150	11/14/95	2					
Fat			S95-20197	11/17/95	1					
Fat			S95-20259	11/14/95	3					
Fat			S95-20259	11/20/95	3					
Fat			S95-20272	11/14/95	2					
Fat			S95-20273	11/14/95	1					
Fat			S95-20293	11/22/95	1					
Fat			S95-20301	11/14/95	1					
Fat			S95-20301	11/14/95	1					
Fat			S95-20363	11/15/95	1					
Fat			S95-20372	11/15/95	1					

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non- Frozen Normal	Non- Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
	Fat		S95-20710	11/20/95	1					
	Fat		S95-20743	11/20/95	1					
	Fat		S95-20743	11/28/95	3					
	Fat		S95-20800	11/28/95	3					
	Fat		S95-20844	11/21/95	1					
	Fat		S95-20849	11/21/95	1					
	Fat		S95-20849	11/21/95	1					
	Fat		S95-20890	11/21/95	1					
	Fat		S95-20929	11/22/95	1					
	Fat		S95-20929	11/22/95	1					
	Fat		S95-20929	12/5/95	1					
	Fat		S95-20936	11/22/95	1					
	Fat		S95-20943	11/28/95	3					
	Fat		S95-21004	11/28/95	3					
	Fat		S95-21055	11/27/95	1					
	Fat		S95-21077	11/27/95	3					
	Fat		S95-21077	12/5/95	3					
	Fat		S95-21114	11/28/95	1					
	Fat		S95-21114	12/5/95	3					
	Fat		S95-21152	11/28/95	1					
	Fat		S95-21152	11/28/95	3					
	Fat		S95-21269	11/30/95	1					
	Fat		S95-21343	11/30/95	1					
	Fat		S95-21343	12/11/95	1					
	Fat		S95-21412	12/7/95	1					
	Fat		S95-21430	12/7/95	1					
	Fat		S95-21464	12/7/95	1					
	Fat		S95-21538	12/4/95	3					
	Fat		S95-21538	12/11/95	2					
	Fat		S95-21545	12/11/95	1					
	Fat		S95-21554	12/4/95	1					
	Fat		S95-21556	12/4/95	1					
	Fat		S95-21556	12/4/95	1					
	Fat		S95-21556	12/11/95	1					
	Fat		S95-21591	12/5/95	1					
	Fat		S95-21591	12/11/95	1					
	Fat		S95-21640	12/7/95	1					
	Fat		S95-21640	12/18/95	3					
	Fat		S95-21698	12/6/95	1					
	Fat		S95-21712	12/6/95	1					
	Fat		S95-21712	12/6/95	1					
	Fat		S95-21712	12/6/95	1					
	Fat		S95-21712	12/11/95	1					
	Fat		S95-21751	12/6/95	1					
	Fat		S95-21751	12/14/95	1					
	Fat		S95-21751	12/22/95	1					
	Fat		S95-21848	12/22/95	1					

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non- Frozen Normal	Non- Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
	Fat		S95-21850	12/14/95	1					
	Fat		S95-21876	12/8/95	1					
	Fat		S95-21876	12/22/95	1					
	Fat		S95-21877	12/7/95	1					
	Fat		S95-21877	12/8/95	1					
	Fat		S95-21877	12/14/95	1					
	Fat		S95-21888	12/8/95	1					
	Fat		S95-21888	12/18/95	1					
	Fat		S95-21899	12/8/95	1					
	Fat		S95-21899	12/14/95	1					
	Fat		S95-21902	12/8/95	1					
	Fat		S95-21912	12/18/95	1					
	Fat		S95-21937	12/14/95	1					
	Fat		S95-21964	12/11/95	1					
	Fat		S95-21964	12/11/95	1					
	Fat		S95-21964	12/14/95	1					
	Fat		S95-22012	12/11/95	1					
	Fat		S95-22012	12/18/95	1					
	Fat		S95-22036	12/18/95	1					
	Fat		S95-22042	12/11/95	1					
	Fat		S95-22042	12/18/95	1					
	Fat		S95-22067	12/18/95	1					
	Fat		S95-22087	12/13/95	1					
	Fat		S95-22087	12/22/95	3					
	Fat		S95-22094	12/12/95	1					
	Fat		S95-22105	12/12/95	1					
	Fat		S95-22105	12/18/95	1					
	Fat		S95-22128	12/18/95	1					
	Fat		S95-22156	12/12/95	1					
	Fat		S95-22226	12/13/95	1					
	Fat		S95-22245	12/13/95	1					
	Fat		S95-22271	12/13/95	1					
	Fat		S95-22271	12/22/95	1					
	Fat		S95-22271	12/22/95	1					
	Fat		S95-22317	12/14/95	1					
	Fat		S95-22317	12/22/95	1					
	Fat		S95-22320	12/22/95	1					
	Fat		S95-22339	12/22/95	1					
	Fat		S95-22342	12/22/95	1					
	Fat		S95-22392	12/15/95	1					
	Fat		S95-22398	12/15/95	1					
	Fat		S95-22398	12/22/95	1					
	Fat		S95-22409	12/15/95	1					
	Fat		S95-22410	12/15/95	1					
	Fat		S95-22410	12/15/95	1					
	Fat		S95-22415	12/15/95	1					
	Fat		S95-22430	12/15/95	1					

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non-Frozen Normal	Non-Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
	Fat		S95-22430	12/15/95	1					
	Fat		S95-22430	12/22/95	1					
	Fat		S95-22434	12/22/95	1					
	Fat		S95-22450	12/22/95	2					
	Fat		S95-22525	12/18/95	1					
	Fat		S95-22549	1/2/96	1					
	Fat		S95-22574	12/18/95	1					
	Fat		S95-22574	1/2/96	1					
	Fat		S95-22577	12/19/95	1					
	Fat		S95-22577	12/19/95	1					
	Fat		S95-22583	12/19/95	1					
	Fat		S95-22591	12/19/95	1					
	Fat		S95-22596	12/19/95	1					
	Fat		S95-22596	1/2/96	1					
	Fat		S95-22597	12/19/95	1					
	Fat		S95-22602	12/20/95	1					
	Fat		S95-22669	12/20/95	1					
	Fat		S95-22669	12/20/95	1					
	Fat		S95-22690	12/20/95	1					
	Fat		S95-22724	12/21/95	1					
	Fat		S95-22724	12/21/95	1					
	Fat		S95-22724	1/6/96	3					
	Fat		S95-22815	12/22/95	1					
	Fat		S95-22818	12/22/95	1					
	Fat		S95-22838	12/22/95	1					
	Fat		S95-22854	12/22/95	1					
	Fat		S95-22910	1/6/96	1					
	Fat		S95-22918	12/22/95	1					
	Fat		S95-23049	1/2/96	1					
	Fat		S95-23058	12/22/95	1					
	Fat		S96-1144	1/18/96	1					
	Fat		S96-1171	1/18/96	2					
	Fat		S96-1171	1/24/96	1					
	Fat		S96-1171	1/29/96	2					
	Fat		S96-1319	1/23/96	1					
	Fat		S96-1322	1/23/96	1					
	Fat		S96-1337	1/23/96	1					
	Fat		S96-1340	1/23/96	1					
	Fat		S96-1456	1/24/96	1					
	Fat		S96-1579	1/25/96	1					
	Fat		S96-1610	1/25/96	1					
	Fat		S96-1643	1/25/96	1					
	Fat		S96-1669	1/26/96	1					
	Fat		S96-167	1/10/96	2					
	Fat		S96-167	1/4/96	1					
	Fat		S96-1801	1/29/96	1					
	Fat		S96-1801	2/6/96	2					

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non- Frozen Normal	Non- Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
	Fat		S96-1808	1/30/96	1					
	Fat		S96-1852	2/6/96	1					
	Fat		S96-197	1/10/96	1					
	Fat		S96-197	1/10/96	1					
	Fat		S96-197	1/4/96	1					
	Fat		S96-1994	1/31/96	1					
	Fat		S96-2193	2/5/96	1					
	Fat		S96-2200	2/5/96	1					
	Fat		S96-2200	2/6/96	1					
	Fat		S96-2200	2/9/96	1					
	Fat		S96-2222	2/5/96	1					
	Fat		S96-2281	2/5/96	1					
	Fat		S96-2281	2/6/96	1					
	Fat		S96-2404	2/8/96	1					
	Fat		S96-2418	2/8/96	1					
	Fat		S96-2508	2/8/96	1					
	Fat		S96-2531	2/8/96	1					
	Fat		S96-2585	2/9/96	1					
	Fat		S96-2595	2/9/96	1					
	Fat		S96-2596	2/9/96	1					
	Fat		S96-268	1/6/96	1					
	Fat		S96-273	1/6/96	1					
	Fat		S96-280	1/6/96	1					
	Fat		S96-280	1/23/96	3					
	Fat		S96-320	1/6/96	1					
	Fat		S96-320	1/23/96	3					
	Fat		S96-342	1/16/96	2					
	Fat		S96-371	1/10/96	2					
	Fat		S96-409	1/9/96	1					
	Fat		S96-454	1/10/96	1					
	Fat		S96-454	1/16/96	1					
	Fat		S96-471	1/16/96	1					
	Fat		S96-601	1/11/96	2					
	Fat		S96-601	1/23/96	3					
	Fat		S96-676	1/12/96	1					
	Fat		S96-77	1/10/96	3					
	Fat		S96-77	1/3/96	2					
	Fat		S96-772	1/15/96	1					
	Fat		S96-783	1/23/96	1					
	Fat		S96-787	1/15/96	1					
	Fat		S96-789	1/15/96	2					
	Fat		S96-789	1/16/96	2					
	Fat		S96-789	1/23/96	3					
	Fat		S96-800	1/23/96	1					
	Fat		S96-86	1/3/96	1					
	Fat		S96-86	1/16/96	2					
	Fat		S96-872	1/16/96	1					

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non-Frozen Normal	Non-Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
Fat			S96-872	1/16/96	1					
Fat			S96-900	1/16/96	1					
Fat			S96-900	1/23/96	3					
Fat			S96-906	1/16/96	1					
Fat			S96-914	1/16/96	1					
Fat			S96-930	1/17/96	1					
Fat			S96-930	1/23/96	3					
Fat			S96-937	1/17/96	1					
Fat			S96-937	1/24/96	3					
Fat			S96-946	1/17/96	1					
Fat			S96-946	1/24/96	2					
Fat			S96-998	2/1/96	2					
Fat			S96-3111	3/5/96	1					
Fat			S96-3130	2/26/96	3					
Fat			S96-3131	2/27/96	3					
Fat			S96-3253	3/1/96	2					
Fat			S96-3253	3/1/96	1					
Fat			S96-3302	3/1/96	2					
Fat			S96-3344	2/28/96	3					
Fat			S96-3412	3/1/96	1					
Fat			S96-3414	3/1/96	1					
Fat			S96-3428	3/5/96	1					
Fat			S96-3428	3/5/96	1					
Fat			S96-3591	3/5/96	2					
Fat			S96-3765	3/5/96	1					
Fat			S96-3872	2/29/96	1					
Fat			S96-3917	3/7/96	1					
Fat			S96-3969	3/7/96	3					
Fat			S96-3969	3/11/96	1					
Fat			S96-3969	3/11/96	2					
Fat			S96-3996	3/7/96	1					
Fat			S96-4093	3/12/96	3					
Fat			S96-4179	3/13/96	1					
Fat			S96-4179	3/13/96	1					
Fat			S96-4304	3/14/96	1					
Fat			S96-4306	3/12/96	3					
Fat			S96-4410	3/12/96	2					
Fat			S96-4589	3/18/96	3					
Fat			S96-4629	3/20/96	1					
Fat			S96-4818	3/20/96	1					
Fat			S96-4873	3/25/96	1					
Fat			S96-4897	4/2/96	3					
Fat			S96-4898	3/21/96	2					
Fat			S96-4925	3/21/96	2					
Fat			S96-5010	3/21/96	1					
Fat			S96-5078	3/20/96	1					
Fat			S96-5078	3/28/96	3					

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non-Frozen Normal	Non-Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
	Fat		S96-5081	3/28/96	3					
	Fat		S96-5085	3/25/96	1					
	Fat		S96-5100	3/28/96	1					
	Fat		S96-5244	3/29/96	1					
	Fat		S96-5266	3/26/96	1					
	Fat		S96-5368	3/25/96	1					
	Fat		S96-5368	4/1/96	1					
	Fat		S96-5404	4/1/96	2					
	Fat		S96-5452	4/1/96	1					
	Fat		S96-5491	4/2/96	1					
	Fat		S96-5508	4/2/96	1					
	Fat		S96-5516	4/1/96	2					
	Fat		S96-5683	4/2/96	1					
	Fat		S96-5755	4/2/96	1					
	Fat		S96-6257	4/16/96		2				
	Fat		S96-6251	4/16/96		3				
	Fat		S96-6417	4/16/96		1				
	Fat		S96-6848	4/16/96		1				
	Fat		S96-6954	4/17/96		1				
	Fat		S96-6416	4/17/96		2				
	Fat		S96-6505	4/17/96		3				
	Fat		S96-7051	4/18/96		1				
	Fat		S96-7183	4/19/96		1				
	Fat		S96-7154	4/19/96		1				
	Fat		S96-7151	4/19/96		1				
	Fat		S96-7292	4/22/96		1				
	Fat		S96-4899	4/22/96		1				
	Fat		S96-7256	4/22/96		1				
	Fat		S96-7316	4/22/96		1				
	Fat		S96-7330	4/22/96		1				
	Fat		S96-7291	4/22/96		1				
	Fat		S96-7376	4/23/96		1				
	Fat		S96-7331	4/23/96		1				
	Fat		S96-7457	4/24/96		1				
	Fat		S96-6848	4/26/96		3				
	Fat		S96-7154	4/29/96		1				
	Fat		S96-7230	4/29/96		1				
	Fat		S96-7256	4/29/96		1				
	Fat		S96-7330	4/29/96		2				
	Fat		S96-7790	4/29/96		1				
	Fat		S96-7787	4/29/96		1				
	Fat		S96-7343	4/30/96		3				
	Fat		S96-7351	4/30/96		3				
	Fat		S96-7847	4/30/96		1				
	Fat		S96-7903	4/30/96		1				
	Fat		S96-7903	4/30/96		1				
	Fat		S96-7910	4/30/96		1				

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non-Frozen Normal	Non-Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
	Fat		S96-7968	5/1/96		1				
	Fat		S96-7994	5/2/96		1				
	Fat		S96-7376	5/2/96		3				
	Fat		S96-8045	5/2/96		1				
	Fat		S96-8073	5/2/96		1				
	Fat		S96-7051	5/3/96		3				
	Fat		S96-7230	5/3/96		3				
	Fat		S96-7331	5/3/96		2				
	Fat		S96-7457	5/3/96		2				
	Fat		S96-7787	5/3/96		3				
	Fat		S96-8236	5/6/96		1				
	Fat		S96-8272	5/6/96		1				
	Fat		S96-8293	5/6/96		1				
	Fat		S96-8393	5/7/96		1				
	Fat		S96-7968	5/8/96		3				
	Fat		S96-8023	5/8/96		2				
	Fat		S96-8121	5/8/96		1				
	Fat		S96-8486	5/8/96		1				
	Fat		S96-8664	5/10/96		1				
	Fat		S96-8797	5/13/96		1				
	Fat		S96-8045	5/14/96		3				
	Fat		S96-8213	5/14/96		1				
	Fat		S96-8236	5/14/96		1				
	Fat		S96-8293	5/14/96		1				
	Fat		S96-8884	5/14/96		1				
	Fat		S96-8909	5/14/96		1				
	Fat		S96-8909	5/14/96		1				
	Fat		S96-8916	5/14/96		1				
	Fat		S96-8913	5/14/96		1				
	Fat		S96-8937	5/14/96		1				
	Fat		S96-8921	5/14/96		1				
	Fat		S96-8882	5/14/96		1				
	Fat		S96-8961	5/15/96		1				
	Fat		S96-9109	5/16/96		1				
	Fat		S96-8800	5/17/96		1				
	Fat		S96-8220	5/17/96		1				
	Fat		S96-8220	5/17/96		1				
	Fat		S96-8393	5/17/96		1				
	Fat		S96-9194	5/17/96		1				
	Fat		S96-9159	5/17/96		1				
	Fat		S96-9156	5/17/96		1				
	Fat		S96-9266	5/20/96		1				
	Fat		S96-9247	5/20/96		1				
	Fat		S96-9292	5/20/96		1				
	Fat		S96-9270	5/20/96		1				
	Fat		S96-8399	5/21/96		3				
	Fat		S96-8467	5/21/96		3				

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non-Frozen Normal	Non-Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
	Fat		S96-8619	5/21/96		1				
	Fat		S96-8655	5/21/96		1				
	Fat		S96-8668	5/21/96		1				
	Fat		S96-9385	5/21/96		1				
	Fat		S96-9466	5/22/96		1				
	Fat		S96-9194	5/23/96		1				
	Fat		S96-9388	5/23/96		1				
	Fat		S96-9388	5/23/96		1				
	Fat		S96-9568	5/24/96		1				
	Fat		S96-9563	5/24/96		1				
	Fat		S96-9587	5/24/96		1				
	Fat		S96-9586	5/24/96		1				
	Fat		S96-9109	5/28/96		1				
	Fat		S96-9687	5/28/96		1				
	Fat		S96-9683	5/28/96		1				
	Fat		S96-9733	5/28/96		1				
	Fat		S96-9733	5/28/96		1				
	Fat		S96-9721	5/28/96		1				
	Fat		S96-9885	5/30/96		1				
	Fat		S96-9882	5/30/96		1				
	Fat		S96-9247	5/30/96		3				
	Fat		S96-9385	5/30/96		3				
	Fat		S96-9425	5/30/96		2				
	Fat		S96-9563	5/30/96		1				
	Fat		S96-9568	5/30/96		1				
	Fat		S96-9955	5/31/96		1				
	Fat		S96-10007	5/31/96		1				
	Fat		S96-10007	5/31/96		1				
	Fat		S96-10022	5/31/96		1				
	Fat		S96-10025	5/31/96		1				
	Fat		S96-10125	6/3/96		1				
	Fat		S96-10146	6/3/96		1				
	Fat		S96-10119	6/3/96		1				
	Fat		S96-10119	6/3/96		1				
	Fat		S96-9882	6/4/96		1				
	Fat		S96-10197	6/4/96		1				
	Fat		S96-10197	6/4/96		1				
	Fat		S96-10225	6/4/96		1				
	Fat		S96-10337	6/5/96		1				
	Fat		S96-10389	6/6/96		1				
	Fat		S96-10415	6/6/96		1				
	Fat		S96-10433	6/6/96		1				
	Fat		S96-10440	6/6/96		1				
	Fat		S96-10389	6/7/96		1				
	Fat		S96-10485	6/7/96		1				
	Fat		S96-10088	6/7/96		1				
	Fat		S96-10125	6/7/96		3				

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession		Date	Non-	Non-	OCT	OCT	Snap	Snap
			Number			Frozen	Frozen	Normal	Tumor	Normal	Tumor
						Normal	Tumor				
Fat			S96-10197		6/7/96		2				
Fat			S96-10517		6/7/96		1				
Fat			S96-10503		6/7/96		1				
Fat			S96-10541		6/7/96		1				
Fat			S96-10518		6/7/96		1				
Fat			S96-10518		6/7/96		1				
Fat			S96-10547		6/7/96		1				
Fat			S96-10626		6/10/96		1				
Fat			S96-10626		6/10/96		1				
Fat			S96-10630		6/10/96		1				
Fat			S96-10699		6/11/96		1				
Fat			S96-10704		6/11/96		1				
Fat			S96-10715		6/11/96		1				
Fat			S96-10799		6/12/96		1				
Fat			S96-10821		6/12/96		1				
Fat			S96-10950		6/14/96		1				
Fat			S96-10954		6/14/96		1				
Fat			S96-10998		6/14/96		1				
Fat			S96-10999		6/14/96		1				
Fat			S96-11016		6/14/96		1				
Fat			S96-11080		6/17/96		1				
Fat			S96-10415		6/18/96		1				
Fat			S96-10433		6/18/96		1				
Fat			S96-10503		6/18/96		1				
Fat			S96-10746		6/18/96		1				
Fat			S96-11078		6/18/96		1				
Fat			S96-11129		6/18/96		1				
Fat			S96-11250		6/18/96		1				
Fat			S96-11227		6/19/96		1				
Fat			S96-11204		6/19/96		1				
Fat			S96-11174		6/19/96		1				
Fat			S96-10559		6/20/96		1				
Fat			S96-10440		6/20/96		1				
Fat			S96-10715		6/20/96		1				
Fat			S96-10626		6/20/96		2				
Fat			S96-10746		6/20/96		1				
Fat			S96-10799		6/20/96		3				
Fat			S96-11016		6/20/96		1				
Fat			S96-10821		6/20/96		1				
Fat			S96-10950		6/20/96		1				
Fat			S96-11412		6/20/96		1				
Fat			S96-11434		6/21/96		1				
Fat			S96-11434		6/21/96		1				
Fat			S96-11532		6/24/96		1				
Fat			S96-11532		6/25/96		1				
Fat			S96-11532		6/25/96		1				
Fat			S96-11631		6/25/96		1				

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Part	Accession Number	Date	Non-Frozen Normal	Non-Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
Fat			S96-11620	6/25/96		1				
Fat			S96-11566	6/25/96		1				
Fat			S96-11583	6/26/96		1				
Fat			S96-11690	6/26/96		1				
Fat			S96-11244	6/26/96		2				
Fat			S96-3253	2/20/96		2				
Fat			S96-3302	2/21/96		1				
Fat			S96-3344	2/21/96		1				
Fat			S96-2917	2/22/96		3				
Fat			S96-3052	2/22/96		1				
Fat			S96-3158	2/22/96		1				
Fat			S96-3414	2/22/96		1				
Fat			S96-3412	2/22/96		1				
Fat			S96-3484	2/23/96		1				
Fat			S96-3485	2/23/96		1				
Fat			S96-3503	2/23/96		1				
Fat			S96-3524	2/23/96		1				
Fat			S96-3591	2/26/96		1				
Fat			S96-3038	2/16/96		1				
Fat			S96-2708	2/19/96		1				
Fat			S96-2626	2/19/96		2				
Fat			S96-2786	2/19/96		2				
Fat			S96-3111	2/19/96		1				
Fat			S96-3130	2/19/96		1				
Fat			S96-3130	2/19/96		1				
Fat			S96-2612	2/19/96		2				
Fat			S96-2612	2/19/96		1				
Fat			S96-3131	2/19/96		1				
Fat			S96-3158	2/19/96		1				
Fat			S96-3158	2/20/96		3				
Fat			S96-3227	2/20/96		1				
Fat			S96-2222	2/12/96		1				
Fat			S96-2281	2/12/96		1				
Fat			S96-2711	2/12/96		1				
Fat			S96-2704	2/12/96		1				
Fat			S96-2708	2/12/96		1				
Fat			S96-2709	2/12/96		1				
Fat			S96-2404	2/14/96		1				
Fat			S96-2418	2/14/96		3				
Fat			S96-2508	2/14/96		1				
Fat			S96-2970	2/15/96		1				
Fat			S96-2595	2/15/96		1				
Fat			S96-2603	2/15/96		1				
Fat			S96-2634	2/15/96		1				
Fat			S96-3052	2/16/96		1				
Fat			704 Case(s)	953 Sample(s)	680	273				

Tissue Distribution

Breast and breast related (fat, skin)

Investigator	Tissue type	Accession			Non-Frozen Normal	Non-Frozen Tumor	OCT Normal	OCT Tumor	Snap Normal	Snap Tumor
		Part	Number	Date						
Total for P.I.		704	Case(s) 953	Sample(s) 680	273					
Grand Totals		857	Case(s) 1410	Sample(s) 716	277	6	898	5	8	

Analysis Report: PCTBO/Histology Usage by P.I.

Date	CT	Investigator	Quan.	ID	Description
Complete	Order#				
ANDERSON JIM					
02/28/96	2602	Anderson	12	UN	Unstained on coated slide
Total for Anderson			12		
ARICI AYDIN					
01/18/96	2345	Arici	4	H&E	Hematoxylin-Eosin
Total for Arici			64		
ARONSON PETER					
7/12/95	1451	Aronson	20	UN	Unstained on coated slide
08/01/95	1595	Aronson	40	UN	Unstained on coated slide
09/05/95	1802	Aronson	20	UN	Unstained on coated slide
09/21/95	1797	Aronson	40	UN	Unstained on coated slide
01/22/96	2356	Aronson	12	UN	Unstained on coated slide
04/01/96	2757	Aronson	12	UN	Unstained on coated slide
Total for Aronson			150		
BARON ROLAND					
10/18/95	1942	Baron	1	N-BULK	Bulk normal tissue
10/18/95	1942	Baron	1	N-BULK	Bulk normal tissue
Total for Baron			2		
BERLINER NANCY					
01/23/96	2384	Berliner	1	TUBE	Sections in tube
02/07/96	2490	Berliner	5	N-BULK	Bulk normal tissue
Total for Berliner			6		
BOSARI SILVANO					
07/18/95	1633	Bosari	27	H&E	Hematoxylin-Eosin
07/21/95	1620	Bosari	64	UN	Unstained on coated slide
08/18/95	1717	Bosari	16	H&E	Hematoxylin-Eosin
08/28/95	1706	Bosari	4	H&E	Hematoxylin-Eosin
02/02/96	2481	Bosari	3	M-BULK	Bulk matched tissue
02/12/96	2499	Bosari	9	H&E	Hematoxylin-Eosin
Total for Bosari			231		
CARCANGIU MARIA LUISA					
01/09/96	2312	Carcangiu	4	IMMUNO	Immunocytochemistry
Total for Carcangiu			4		

Analysis Report: PCTBO/Histology Usage by P.I.

Date Complete	CT Order#	Investigator	Quan.	ID	Description
CARTER DARRYL					
02/17/96	2554	Carter	2	UN	Unstained on coated slide
Total for Carter			2		
CHENG YUNG-CHI					
10/06/95	2014	Cheng	6	T-BULK	Bulk tumor tissue
Total for Cheng			12		
CLAUS ELIZABETH					
07/31/95	1597	Claus	11	TUBE	Thick sections in tube
08/16/95	1729	Claus	35	H&E	Hematoxylin-Eosin
08/18/95	1667	Claus	41	H&E	Hematoxylin-Eosin
08/22/95	1669	Claus	52	UN	Unstained on coated slide
08/24/95	1682	Claus	9	IMMUNO	Immunocytochemistry
08/28/95	1684	Claus	200	UN	Unstained on coated slide
09/01/95	1675	Claus	160	UN	Unstained on coated slide
09/05/95	1822	Claus	20	IMMUNO	Immunocytochemistry
09/08/95	1821	Claus	15	IMMUNO	Immunocytochemistry
09/13/95	1812	Claus	35	IMMUNO	Immunocytochemistry
09/15/95	1811	Claus	15	IMMUNO	Immunocytochemistry
11/14/95	2196	Claus	22	P53	p53 immunostain
11/22/95	2146	Claus	36	IMMUNO	Immunocytochemistry
01/15/96	2310	Claus	3	H&E	Hematoxylin-Eosin
01/15/96	2311	Claus	24	H&E	Hematoxylin-Eosin
01/16/96	2303	Claus	29	H&E	Hematoxylin-Eosin
01/25/96	2382	Claus	51	H&E	Hematoxylin-Eosin
02/21/96	2579	Claus	78	H&E	Hematoxylin-Eosin
2/21/96	2580	Claus	24	H&E	Hematoxylin-Eosin
02/21/96	2581	Claus	25	H&E	Hematoxylin-Eosin
02/21/96	2582	Claus	16	H&E	Hematoxylin-Eosin
03/05/96	2654	Claus	20	H&E	Hematoxylin-Eosin
03/18/96	2705	Claus	50	H&E	Hematoxylin-Eosin
05/20/96	2970	Claus	14	H&E	Hematoxylin-Eosin
06/11/96	3081	Claus	84	IMMUNO	Immunocytochemistry
06/19/96	3129	Claus	28	UN	Unstained on coated slide
06/19/96	3130	Claus	2	UN	Unstained on coated slide
Total for Claus			1,369		

Analysis Report: PCTBO/Histology Usage by P.I.

Date Complete	CT Order#	Investigator	Quan.	ID	Description
COSTA JOSÉ					
07/28/95	1639	Costa	1	BULK-T	Bulk tumor tissue for extraction
12/18/95	2251	Costa	4	H&E	Hematoxylin-Eosin
04/11/96	2875	Costa	16	H&E	Hematoxylin-Eosin
Total for Costa			34		
CROTTY PAUL					
10/17/95	1980	Crotty	4	TUBE	Sections in tube
10/25/95	1996	Crotty	3	TUBE	Sections in tube
10/26/95	1992	Crotty	7	TUBE	Sections in tube
11/02/95	2025	Crotty	26	IMMUNO	Immunohistochemistry
02/19/96	2534	Crotty	10	N-BULK	Bulk normal tissue
Total for Crotty			50		
DECAMILLI PIETRO					
01/03/96	2279	DeCamilli	25	TUBE	Sections in tube
01/24/96	2383	DeCamilli	10	UN	Unstained on coated slide
01/29/96	2406	DeCamilli	1	H&E	Hematoxylin-Eosin
02/02/96	2480	DeCamilli	2	H&E	Hematoxylin-Eosin
Total for DeCamilli			58		
GAREN ALAN					
07/17/95	1637	Garen	20	UN	Unstained on coated slide
7/18/95	2012	Garen	20	UN	Unstained on coated slide
09/14/95	1831	Garen	1	H&E	Hematoxylin-Eosin
10-12-95	2011	Garen	30	UN	Unstained on coated slide
10/23/95	1868	Garen	45	UN	Unstained on coated slide
11/22/95	2147	Garen	1	H&E	Hematoxylin-Eosin
12/18/95	2252	Garen	1	H&E	Hematoxylin-Eosin
01/25/96	2461	Garen	10	UN	Unstained on coated slide
2/16/96	2536	Garen	1	H&E	Hematoxylin-Eosin
02/16/96	2542	Garen	30	UN	Unstained on coated slide
03/29/96	2764	Garen	2	H&E	Hematoxylin-Eosin
Total for Garen			245		
GILLIGAN DIANA					
04/24/96	2880	Gilligan	84	UN	Unstained on coated slide
Total for Gilligan			84		

Analysis Report: PCTBO/Histology Usage by P.I.

Date	CT	Investigator	Quan.	ID	Description
Complete	Order#				
GUTIERREZ LINDA					
05/17/96	2971	Gutierrez	27	UN	Unstained on coated slide
05/17/96	2972	Gutierrez	10	UN	Unstained on coated slide
Total for Gutierrez			37		
HOWE CHRISTINE					
07/19/95	1594	Howe	3	H&E	Hematoxylin-Eosin
07/25/95	1611	Howe	76	H&E	Hematoxylin-Eosin
08/31/95	1676	Howe	35	H&E	Hematoxylin-Eosin
Total for Howe			114		
IGARASHI PETER					
08/14/95	1733	Igarashi	1	N-BULK	Bulk normal tissue
Total for Igarashi			1		
KACINSKY BARRY					
7/20/95	1623	Kacinsky	160	UN	Unstained on coated slide
09/07/95	1700	Kacinsky	60	UN	Unstained on coated slide
9/28/95	1780	Kacinsky	130	UN	Unstained on coated slide
10/30/95	1987	Kacinsky	60	UN	Unstained on coated slide
11/07/95	2046	Kacinsky	60	UN	Unstained on coated slide
05/20/96	2968	Kacinsky	10	UN	Unstained on coated slide
Total for Kacinsky			483		
KING BONNIE					
07/19/95	1629	King	5	UN	Unstained on coated slide
Total for King			11		
MOOSEKER MARK					
07/21/95	1619	Mooseker	12	UN	Unstained on coated slide
08/03/95	1588	Mooseker	2	H&E	Hematoxylin-Eosin
Total for Mooseker			26		
MORROW JON					
01/26/96	2402	Morrow	40	UN	Unstained on coated slide
Total for Morrow			40		
PERKINS ARCH					
1/11/96	2314	Perkins	4	N-BULK	Bulk normal tissue
Total for Perkins			4		

Analysis Report: PCTBO/Histology Usage by P.I.

Date	CT Complete Order#	Investigator	Quan.	ID	Description
PERROTTA PETER					
08/30/95	1681	Perrotta	30	H&E	Hematoxylin-Eosin
Total for Perrotta			180		
PIZZORNO GUISEPPE					
09/21/95	2013	Pizzorno	2	M-BULK	Bulk matched tissue
10/13/95	2195	Pizzorno	4	N-BULK	Bulk normal tissue
05/01/96	2957	Pizzorno	1	BULK	Bulk normal tissue
Total for Pizzorno			7		
REALE MICHAEL					
10/03/95	1741	Reale	1	N-BULK	Bulk normal tissue
Total for Reale			2		
REISS MICHAEL					
07/28/95	1601	Reiss	6	TUBE	Thick sections in tube
08/15/95	1720	Reiss	7	TUBE	Sections in tube
10/3/95	1862	Reiss	5	TUBE	Sections in tube
05/14/96	2960	Reiss	8	TUBE	Sections in tube
Total for Reiss			39		
RIMM DAVID					
2/20/96	2543	Rimm	20	UN	Unstained on coated slide
02/21/96	2570	Rimm	20	H&E	Hematoxylin-Eosin
Total for Rimm			142		
RINALDO PIERO					
01/22/96	2381	RINALDO	1	N-BULK	Bulk normal tissue
Total for RINALDO			1		
RIZZOLO LARRY					
02/06/96	2469	Rizzolo	2	N-BULK	Bulk normal tissue
Total for Rizzolo			2		
SCHWARTZ PETER					
2/27/96	2595	Schwartz	30	UN	Unstained on coated slide
02/27/96	2596	Schwartz	5	UN	Unstained on coated slide
04/04/96	2797	Schwartz	3	H&E	Hematoxylin-Eosin
Total for Schwartz			56		

Analysis Report: PCTBO/Histology Usage by P.I.

Date	CT				
Complete	Order#	Investigator	Quan.	ID	Description
STERN DAVID					
7/12/95	1444	Stern	35	H&E	Hematoxylin-Eosin
7/14/95	1437	Stern	11	UN	Unstained on coated slide
7/14/95	1438	Stern	10	UN	Unstained on coated slide
07/20/95	1624	Stern	10	UN	Unstained on coated slide
07/20/95	1625	Stern	28	UN	Unstained on coated slide
07/25/95	1612	Stern	12	UN	Unstained on coated slide
08/01/95	1596	Stern	19	UN	Unstained on coated slide
08/23/95	1718	Stern	20	UN	Unstained on coated slide
09/13/95	1813	Stern	26	H&E	Hematoxylin-Eosin
09/19/95	1801	Stern	48	UN	Unstained on coated slide
09/22/95	1795	Stern	36	UN	Unstained on coated slide
09/25/95	1788	Stern	36	H&E	Hematoxylin-Eosin
10/23/95	1867	Stern	24	UN	Unstained on coated slide
11/29/95	2154	Stern	182	H&E	Hematoxylin-Eosin
01/02/96	2274	Stern	12	UN	Unstained on coated slide
01/18/96	2346	Stern	16	UN	Unstained on coated slide
01/26/96	2399	Stern	13	UN	Unstained on coated slide
02/03/96	2479	Stern	36	UN	Unstained on coated slide
02/28/96	2599	Stern	28	UN	Unstained on coated slide
03/13/96	2671	Stern	39	EMBED	Embed in paraffin or OCT
03/16/96	2678	Stern	15	UN	Unstained on coated slide
03/16/96	2681	Stern	80	UN	Unstained on coated slide
03/23/96	2707	Stern	5	EMBED	Embed in paraffin or OCT
03/27/96	2711	Stern	2	H&E	Hematoxylin-Eosin
04/02/96	2752	Stern	10	UN	Unstained on coated slide
04/13/96	2811	Stern	2	UN	Unstained on coated slide
05/02/96	2928	Stern	14	H&E	Hematoxylin-Eosin
05/07/96	2941	Stern	8	UN	Unstained on coated slide
05/20/96	2969	Stern	14	H&E	Hematoxylin-Eosin
Total for Stern			1,059		
TALLINI GIOVANNI					
07/06/95	1627	Tallini	12	UN	Unstained on coated slide
08/21/95	1719	Tallini	14	H&E	Hematoxylin-Eosin
10/09/95	2020	Tallini	4	T-BULK	Bulk tumor tissue
Total for Tallini			102		

Analysis Report: PCTBO/Histology Usage by P.I.

Date	CT	Investigator	Quan.	ID	Description
Complete	Order#				
WARD BARBARA					
07/24/95	1615	Ward	9	H&E	Hematoxylin-Eosin
07/24/95	1616	Ward	9	H&E	Hematoxylin-Eosin
08/03/95	1732	Ward	10	TUBE	Thick sections in tube
9/20/95	2001	Ward	16	H&E	Hematoxylin-Eosin
10/24/95	1865	Ward	32	H&E	Hematoxylin-Eosin
11/02/95	2024	Ward	11	H&E	Hematoxylin-Eosin
11/13/95	2112	Ward	6	H&E	Hematoxylin-Eosin
01/16/96	2350	Ward	29	H&E	Hematoxylin-Eosin
03/09/96	2660	Ward	4	TUBE	Sections in tube
03/18/96	2680	Ward	6	H&E	Hematoxylin-Eosin
03/22/96	2702	Ward	5	H&E	Hematoxylin-Eosin
03/29/96	2763	Ward	18	THICK	Thick section on slide
04/02/96	2753	Ward	2	H&E	Hematoxylin-Eosin
04/04/96	2777	Ward	4	H&E	Hematoxylin-Eosin
04/06/96	2776	Ward	4	H&E	Hematoxylin-Eosin
04/26/96	2886	Ward	4	TUBE	Sections in tube
06/04/96	3066	Ward	12	H&E	Hematoxylin-Eosin
Total for Ward			219		
WILLIAMS TREVOR					
07/18/95	1634	Williams	6	H&E	Hematoxylin-Eosin
07/27/95	1603	Williams	6	IMMUNO	Immunocytochemistry
08/02/95	1590	Williams	15	H&E	Hematoxylin-Eosin
8/9/95	1649	Williams	12	H&E	Hematoxylin-Eosin
09/08/95	1832	Williams	5	IMMUNO	Immunocytochemistry
11/07/95	2062	Williams	8	IMMUNO	Immunocytochemistry
11/17/95	2129	Williams	16	IMMUNO	Immunocytochemistry
12/11/95	2233	Williams	14	H&E	Hematoxylin-Eosin
12/11/95	2234	Williams	56	GIEM	Giemsa
01/16/96	2305	Williams	72	IMMUNO	Immunocytochemistry
01/16/96	2306	Williams	18	IMMUNO	Immunocytochemistry
01/30/96	2410	Williams	21	IMMUNO	Immunocytochemistry
02/01/96	2463	Williams	21	H&E	Hematoxylin-Eosin
02/12/96	2498	Williams	18	H&E	Hematoxylin-Eosin
03/18/96	2679	Williams	12	H&E	Hematoxylin-Eosin
03/22/96	2704	Williams	15	H&E	Hematoxylin-Eosin
03/23/96	2699	Williams	15	H&E	Hematoxylin-Eosin

Analysis Report: PCTBO/Histology Usage by P.I.

Date Complete	CT Order#	Investigator	Quan.	ID	Description
03/23/96	2751	Williams	15	H&E	Hematoxylin-Eosin
03/29/96	2759	Williams	33	IMMUNO	Immunocytochemistry
03/29/96	2761	Williams	18	H&E	Hematoxylin-Eosin
04/01/96	2758	Williams	8	H&E	Hematoxylin-Eosin
04/02/96	2754	Williams	10	GIEM	Giemsa
4/2/96	2755	Williams	10	H&E	Hematoxylin-Eosin
04/11/96	2818	Williams	6	IMMUNO	Immunocytochemistry
04/11/96	2819	Williams	3	H&E	Hematoxylin-Eosin
04/24/96	2871	Williams	15	H&E	Hematoxylin-Eosin
05/08/96	2939	Williams	35	IMMUNO	Immunocytochemistry
05/14/96	2958	Williams	42	IMMUNO	Immunocytochemistry
5/22/96	2983	Williams	7	IMMUNO	Immunocytochemistry
5/22/96	2984	Williams	4	IMMUNO	Immunocytochemistry
06/03/96	3067	Williams	8	H&E	Hematoxylin-Eosin
06/20/96	3128	Williams	29	IMMUNO	Immunocytochemistry
Total for Williams			746		
YANG-FENG TERESA					
10/25/95	1997	Yang-Feng	6	TUBE	Sections in tube
Total for Yang-Feng			12		
Grand Totals			5,606		

Table of Contents - MAPS

Blocks + Slides

G- 1916 to 1923	Grace Memorial Hosp.
-----------------	----------------------

- 1924 to 1957	New Haven Med. Ctr.
----------------	---------------------

HU- 1958 to 1986	Memorial Unit
------------------	---------------

S - 1958 to 1986	Surgical Unit
------------------	---------------

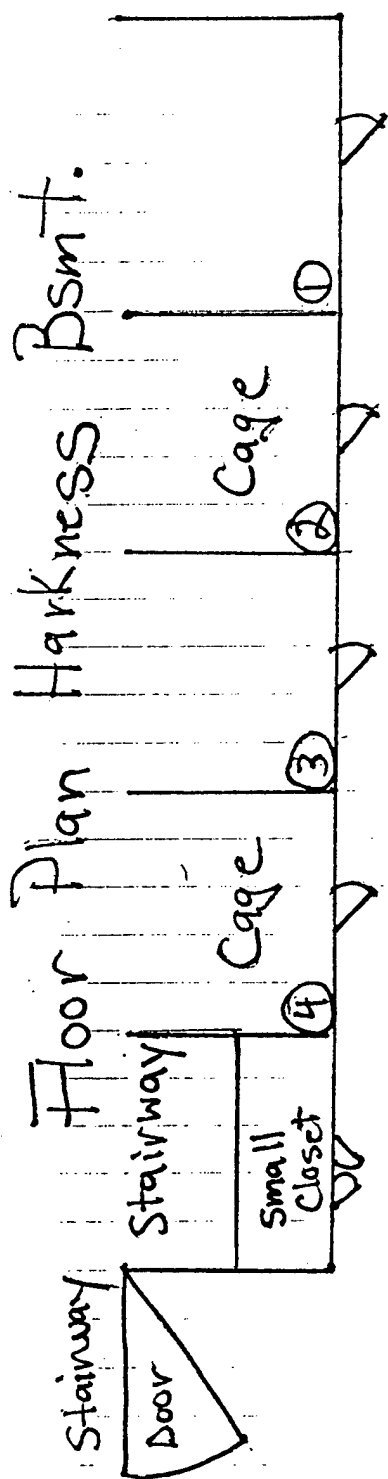
SP - 1986 to Present	Surgical Path Unit
----------------------	--------------------

Block

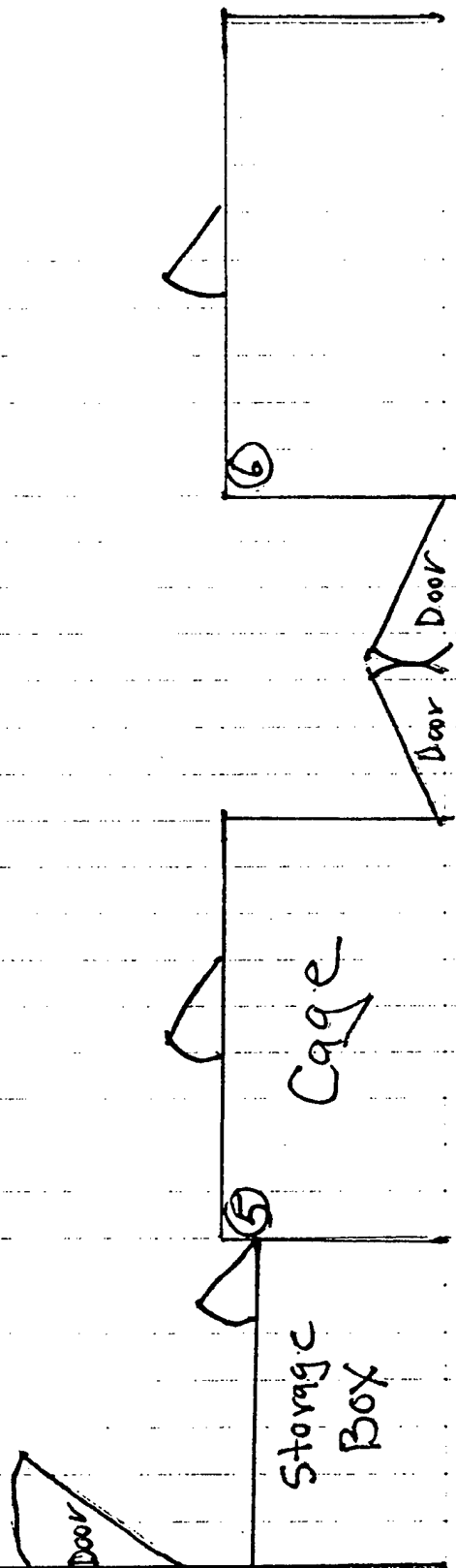
Autopsy 1926 - 1986	Continuous numbering system
---------------------	--------------------------------

1986 - Present	separate years
----------------	----------------

Neuro 1952 - 1982	Continuous numbering system
-------------------	--------------------------------



Block
Storage
Area



Blocks + Slides Storage

M.U. 62 - 72	Blocks	S.P. 62 - 66
M.U. 72 - 77	Blocks	S.P. 58 - 61
M.U. 77 - 80		
M.U. 80 - 86	Blocks	
S.P. 67 - 73		
S.P. 74 - 78	Blocks	
S.P. 78 - 82		
S.P. 82 - 84	Blocks	
S.P. 84 - 86		
AUT. 74 - 81	Blocks	MU 57 - 71
AUT. 68 - 73		
S.P. 83 - 88	Slides	Slides
S.P. 71 - 83		
S.P. 62 - 70	M.U. 72 - 82	Slides

161 X 101

M.U. 54	MU56	Empty	Empty
" 55	Slides	Cabinets	Cabinets

Cage #2 Autopsy Blocks 12' x 12'

Autopsy Blocks 1955 - 1960	
A111464	A15631
Autopsy 1965	Autopsy 1966
Autopsy 1963	Autopsy 1964
Autopsy 1961	Autopsy 1962

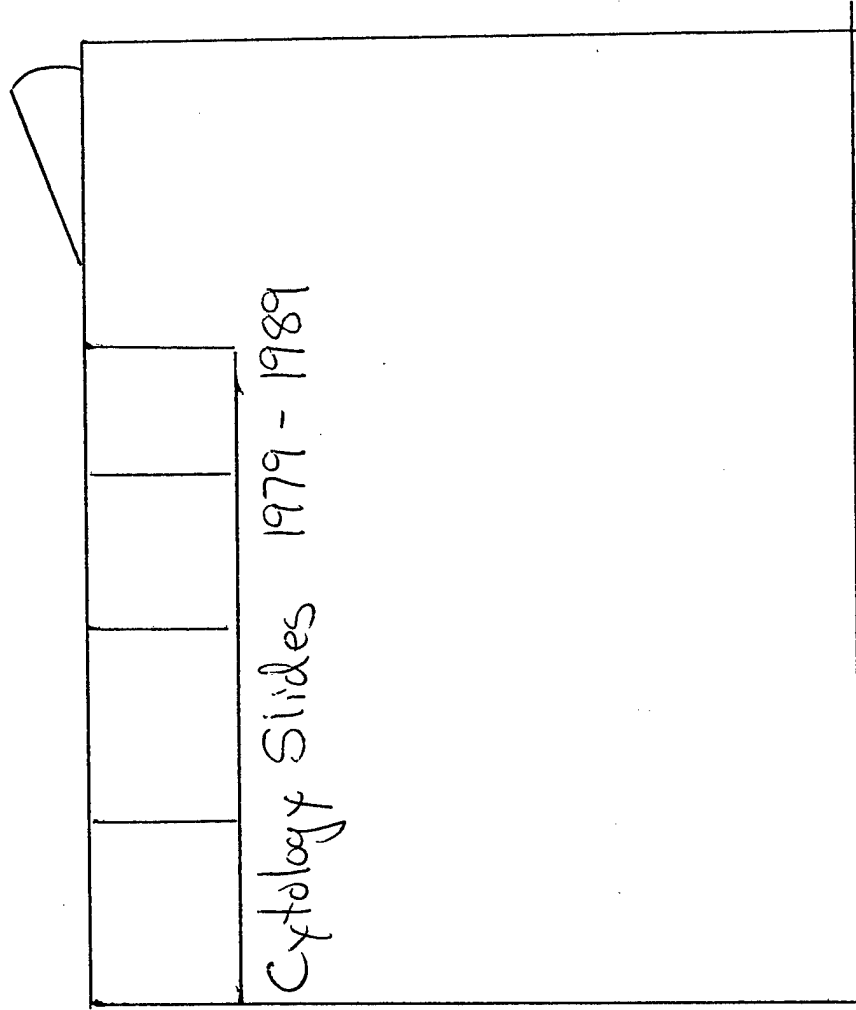
Cage #4 12' x 12'

Neuro Path Blocks 1952 - 1982

Surgical Blocks 1923 - 1956

Neuro Path Blocks		Surgical Blocks	
Neuro Path Blocks		Surgical Blocks	Surgical Blocks

Storage Box Cytology 12' x 6'



Small Closet Area $2\frac{1}{2}' \times 7'$

Empty Storage Space

Congress Avenue Archives Room #1

592-6084	592-6085 593 18048	593 18049 595-4062	595-17108 595-17109
591-12891	592-21532 592-21533	594-10216 594-13560	595-4063

Pending 1996 Blocks

A92-178 - A95-94	586-8496	588-6189	Autopsy 28057 - A87-250
---------------------	----------	----------	----------------------------

Congress Avenue Archives Room #2

588-6190

588-17935 590-18399

590-18400

588-17935

589-17321 589-17322

591-12890

Empty Space

A87-255

A93-68

ML-138

ML-1346

1974 - 1982

Appendix 15

N. Report Name: PREFILTER FOR BREAST CASES WITH MALIGNANT
NEOPLASMS

STYLE. Report Style: I

SCAN. Scan Record: SPECIMEN (RECORD)

T. Scanner: SPECIMEN SEARCH, DATED

SHOW. Print Record: SPECIMEN (RECORD)

---Selection Criteria---

SL1: S & R & NEOPLASM & MALIGNANCY & BREAST

SL2: S & R & NEOPLASM & MALIGNANCY & SKIN OF BREAST

SL3: S & R & NEOPLASM & MALIGNANCY & AXILLARY LYMPH NODE

---Definition of Criterion---

D1: S

FLD. Use Field: PREFIX (SPECIMEN)

OP. Operator: EQ

EQ. Equal to: S

D2: R

FLD. Use Field: CASE TYPE (SPECIMEN)

OP. Operator: EQ

EQ. Equal to: Routine

D3: NEOPLASM

FLD. Use Field: SNOMED CODE

OP. Operator: BETI

ALPH. Alphabetic Comparison? Y

BETL. Between (Lower Bound): M80003

BETH. And Between (Upper Bound): M89903

HMI. How Many Instances: SOME

D4: MALIGNANCY

FLD. Use Field: SNOMED TERMINAL DIGIT

OP. Operator: GTE

ALPH. Alphabetic Comparison? Y

GTE. Greater Than Equal to: 2

HMI. How Many Instances: SOME

D5: BREAST

FLD. Use Field: SNOMED CODE

OP. Operator: BETI

ALPH. Alphabetic Comparison? Y

BETL. Between (Lower Bound): T04000

BETH. And Between (Upper Bound): T04840

HMI. How Many Instances: SOME

D6: SKIN OF BREAST

FLD. Use Field: SNOMED CODE

OP. Operator: IN

---Value in List---

IN1: T02430

IN2: T02432

HMI. How Many Instances: SOME

D7: AXILLARY LYMPH NODE

FLD. Use Field: SNOMED CODE

OP. Operator: EQ

EQ. Equal to: T08710

HMI. How Many Instances: SOME

---Print fields---

PRINT1: ACCESSION NUMBER

---Sort Fields---

PURG. Version days: 180

DSF. Sort Format: C

FF. Formatting Options:

---Formatting at Each Sort Level---

FT. Formatting for the Total Line:

 CNTP. Include Count Prefix? Y

 TAB. Horizontal Tab Position: 0

 LS. Vertical Line Spacing: 2

 SN. Sort Value: Total

FDL. Formatting for the Detail Line:

 LSF. Line Spacing for the First one: 0

 LSS. Line Spacing after the First one: 1

SCOL. Starting Tab Position for Columns: 0

---Formatting for each Column---

FC1: Specimen Number

 FCH. Formatting for the Column Header:

 TAB. Horizontal Tab Position: 0

 ---Header Text---

 HD1: Specimen

 HD2: Number

FCC. Formatting for the Column Contents:

 TAB. Horizontal Tab Position: H

 DLN. Detail Line Number: 1

 WID. Column Width: 10

 JUS. Justification: L

 TNK. Truncate? W

— : crossed out #'s are negative for tumor.

2: second case

Appendix 16

YALE DEPARTMENT OF PATHOLOGY
(Printed MON 12 FEB, 1996 01:25P)
PREFILTER FOR BREAST CASES WITH MALIGNANT NEOPLASMS
From Accession Date='06/01/83', Thru Accession Date='02/05/96'

Search Conditions:

IF: S (Prefix Is Equal To S)
& R (Case Type Is Equal To Routine)
& NEOPLASM (Snomed Code Is Between M80003 and M89903)
& MALIGNANCY (Snomed Terminal Digit Is Greater Than or Equal To 2)
& BREAST (Snomed Code Is Between T04000 and T04840)
or IF: S (Prefix Is Equal To S)
& R (Case Type Is Equal To Routine)
& NEOPLASM (Snomed Code Is Between M80003 and M89903)
& MALIGNANCY (Snomed Terminal Digit Is Greater Than or Equal To 2)
& SKIN OF BREAST (Snomed Code Is In List: T02430, T02432)
or IF: S (Prefix Is Equal To S)
& R (Case Type Is Equal To Routine)
& NEOPLASM (Snomed Code Is Between M80003 and M89903)
& MALIGNANCY (Snomed Terminal Digit Is Greater Than or Equal To 2)
& AXILLARY LYMPH NODE (Snomed Code Is Equal To T08710)

Specimen ^{pulls}
Number

S83-7733 ↓
S83-7876
S83-7955
S83-7998 2
S83-8051
S83-8278 2
S83-8282
S83-8322
S83-8342
~~S83-8459~~
S83-8581
S83-8619 2
S83-8663
S83-8755
S83-8820
S83-8834
S83-8891
S83-8903
S83-8927
S83-8928
S83-8953 M
S83-8967
S83-9044
S83-9051
S83-9112
~~S83-9123~~
S83-9166
S83-9182 ↑
S83-9189
S83-9308 2

YALE DEPARTMENT OF PATHOLOGY
(Printed MON 12 FEB, 1996 01:25P)
PREFILTER FOR BREAST CASES WITH MALIGNANT NEOPLASMS

Specimen
Number

S83-9341 2 ↓
~~S83-9379~~ pulled
S83-9389
S83-9395
S83-9431 2
S83-9448
S83-9457
S83-9495
~~S83-9503~~
S83-9506
~~S83-9516~~
S83-9553
S83-9570
S83-9707
~~S83-9730~~
S83-9783
S83-9838 2
S83-9924 2
S83-9925 2
S83-10153
S83-10162 ↑
S83-10169 2
S83-10435
S83-10437
S83-10438
S83-10447
S83-10470
S83-10500
S83-10565
S83-10591
S83-10646
S83-10694
S83-10769
~~S83-10790~~
S83-10804
S83-10824
S83-10826
S83-10899
~~S83-10907~~
S83-10939
S83-11048
S83-11159 2
S83-11181
S83-11193
S83-11209 2
~~S83-11210~~
~~S83-11215~~
~~S83-11335~~
S83-11339

YALE DEPARTMENT OF PATHOLOGY
(Printed MON 12 FEB, 1996 01:25P)
PREFILTER FOR BREAST CASES WITH MALIGNANT NEOPLASMS

Specimen
Number

S83-11376
S83-11390
S83-11456 2
S83-11471 2
S83-11511
S83-11515
~~S83-11573~~
S83-11604
S83-11612
S83-11735
S83-11774
~~S83-11791~~
S83-11798
S83-11828
S83-11902
S83-11934 2
S83-11965
S83-12122
S83-12131 2
S83-12194
S83-12214 2
S83-12282
~~S83-12309~~
S83-12331
S83-12333
S83-12401 2
~~S83-12405~~
S83-12451
S83-12462
S83-12464
S83-12466
S83-12476
S83-12481
S83-12483
~~S83-12489~~
S83-12547
S83-12560
S83-12625
S83-12717
S83-12737
S83-12739 2
S83-12752
~~S83-12798~~
S83-12809
S83-12836
S83-12877
S83-12893 2
S83-12933
S83-12965 2

YALE DEPARTMENT OF PATHOLOGY
(Printed MON 12 FEB, 1996 01:25P)
PREFILTER FOR BREAST CASES WITH MALIGNANT NEOPLASMS

Specimen
Number

S83-12969
S83-13024
S83-13060
S83-13077 2
S83-13122
S83-13142
S83-13202
S83-13277 2
S83-13297
S83-13345
S83-13360
~~S83-13369~~
S83-13418 2
S83-13468 2
S83-13528
S83-13568
S83-13688
S83-13771
S83-13819
S83-13903
S83-13989
S83-13992
S83-13998
S83-14100
S83-14162
S83-14179
S83-14246
S83-14301
S83-14305 2
S83-14325
~~S83-14357~~
S83-14381
S83-14426
S83-14432
S83-14450
S83-14495
S83-14528
S83-14565
S83-14686
S83-14692 2
S83-14696
S83-14697
S83-14748
S83-14799 2
S83-14848
~~S83-14938~~
~~S83-14979~~
S83-14981
S83-15009

YALE DEPARTMENT OF PATHOLOGY
(Printed MON 12 FEB, 1996 01:25P)
PREFILTER FOR BREAST CASES WITH MALIGNANT NEOPLASMS

Specimen
Number

S83-15072
S83-15098
S83-15135 2
S83-15301
S83-15316
S83-15374 2
S83-15382
S83-15420
S83-15425
S83-15427 2
S83-15452
S83-15501
~~S83-15655~~
S83-15687
S83-15692
S83-15713
S83-15775
S83-15867
S83-15965 2
S83-15975 2
S83-16114
~~S83-16147~~
S83-16163
S83-16233
~~S83-16335~~
S83-16371
S83-16377
S83-16459
S83-16512 2
S83-16518
S83-16534
S83-16560
S83-16613
S84-17
~~S84-30~~
S84-76 2
S84-145
S84-302
S84-373
S84-396
S84-573
S84-575
S84-601
S84-612
S84-668
S84-688
S84-743
S84-779
S84-800

YALE DEPARTMENT OF PATHOLOGY
(Printed MON 12 FEB, 1996 01:27P)
PREFILTER FOR BREAST CASES WITH MALIGNANT NEOPLASMS

Specimen
Number

S95-12339
S95-12454
S95-12556
S95-12627
S95-12643
S95-12647
S95-12656
S95-12658
S95-12689
S95-12704
S95-12804
S95-13004
S95-13054
S95-13137
S95-13285
S95-13293
S95-13346
S95-13402
S95-13551
S95-13894
S95-13964
S95-14169
S95-14172
S95-14209
S95-14327
S95-14374
S95-14480
S95-14498
S95-14508
S95-14518
S95-14564
S95-14584
S95-14678
S95-14716
S95-14821
S95-14845
S95-14956
S95-15004
S95-15032
S95-15057
S95-15074
S95-15228
S95-15242
S95-15277
S95-15337
S95-15385
S95-15457
S95-15465
S95-15484

YALE DEPARTMENT OF PATHOLOGY
(Printed MON 12 FEB, 1996 01:27P)
PREFILTER FOR BREAST CASES WITH MALIGNANT NEOPLASMS

Specimen
Number

S95-15611
S95-15759
S95-15778
S95-15805
S95-15809
S95-15842
S95-15854
S95-15873
S95-15965
S95-15966
S95-16148
S95-16184
S95-16223
S95-16399
S95-16443
S95-16510
S95-16562
S95-16567
S95-16716
S95-16755
S95-16829
S95-16872
S95-16934
S95-16962
S95-17122
S95-17143
S95-17160
S95-17181
S95-17212
S95-17382
S95-17500
S95-17513
S95-17550
S95-17588
S95-17747
S95-17838
S95-17845
S95-17859
S95-17913
S95-17985
S95-18040
S95-18218
S95-18257
S95-18259
S95-18434
S95-18448
S95-18603
S95-18666
S95-18841

YALE DEPARTMENT OF PATHOLOGY
(Printed MON 12 FEB, 1996 01:27P)
PREFILTER FOR BREAST CASES WITH MALIGNANT NEOPLASMS

Specimen
Number

S95-18861
S95-18879
S95-18891
S95-18899
S95-19058
S95-19207
S95-19262
S95-19290
S95-19349
S95-19426
S95-19456
S95-19566
S95-19577
S95-19599
S95-19643
S95-19703
S95-19711
S95-19769
S95-19780
S95-19857
S95-20060
S95-20150
S95-20201
S95-20259
S95-20273
S95-20362
S95-20479
S95-20579
S95-20580
S95-20743
S95-20849
S95-20890
S95-20929
S95-20936
S95-20952
S95-20975
S95-21114
S95-21138
S95-21139
S95-21152
S95-21269
S95-21712
S95-21877
S95-21895
S95-21912
S95-21964
S95-22012
S95-22042
S95-22067

YALE DEPARTMENT OF PATHOLOGY
(Printed MON 12 FEB, 1996 01:27P)
PREFILTER FOR BREAST CASES WITH MALIGNANT NEOPLASMS

Specimen
Number

S95-22105
S95-22128
S95-22151
S95-22156
S95-22163
S95-22339
S95-22410
S95-22566
S95-22591
S95-22724
S95-22765
S95-22817
S95-22820
S95-22910
S95-22918
S95-23058
S96-86
S96-133
S96-186
S96-268
S96-280
S96-319
S96-339
S96-371
S96-374
S96-471
S96-536
S96-605
S96-651
S96-698
S96-712
S96-772
S96-797
S96-800
S96-872
S96-900
S96-906
S96-930
S96-937
S96-946
S96-992
S96-998
S96-1007
S96-1085
S96-1132
S96-1170
S96-1171
S96-1319
S96-1337

YALE DEPARTMENT OF PATHOLOGY
(Printed MON 12 FEB, 1996 01:27P)
PREFILTER FOR BREAST CASES WITH MALIGNANT NEOPLASMS

Specimen
Number

S96-1340
S96-1369
S96-1385
S96-1565
S96-1610
S96-1643
S96-1808
S96-1852
S96-1881
S96-1989
S96-2037
S96-2038

(5285) Total

PROGRAM FOR CRITICAL TECHNOLOGIES IN BREAST ONCOLOGY
TUMOR-REGISTRY-IDENTIFIED DUCTAL CARCINOMA IN SITU
BREAST CASES, 1981-1994
REVIEW OF ALL PARAFFIN BLOCKS FOR SURGICAL CASES
YALE-NEW HAVEN HOSPITAL

#	Yr	Case	Part	Block(s) with DCIS	Reason for no block ID
1	81	08253			case missing
2	81	09116			case missing
3	82	00023			case missing
4	82	04164			no blocks
5	82	05646	1	L12	
6	82	06409	1	LD	
7	82	07257	1	H	
8	82	12109			T2,T3 missing
9	82	14414		H,L	
10	83	01316			case missing
11	83	03056	1	F	
12	83	06640	1	N2	
13	83	10646			invasive
14	83	10797			consult, no block
15	83	11048	3	C	
16	84	00688	1	F	
17	84	07971			1)FSA,B missing
18*	84	08765	1	PT2	
19	84	09906			consult slides
20	84	10054			case missing
21	84	12261	1	FSC	
22	84	12331			consult slides
23	84	13694	1	FSR1	
24	84	14165			consult slides
25	84	16502			no LCIS-DC
26	84	16725	1	A	
27	85	00274	1	A1	
28	85	00779	2	2E	
29	85	00794			no DCIS-DC
30	85	01272	1	B	
31	85	01710	1	7UO	
32	85	02159	1	1FSC	
33	85	05613	1	E6	
34	85	06815			consult slides
35	85	08168	1	4F	
36	85	08370	1	5	
37	85	08391			consult slides
38	85	09290			3 missing
39	85	09575			invasive; blocks missing
40	85	10883	1	FSC	
41	85	11496	1	3	

42	85	12354			no DCIS; FSC missing
43	85	12830			no carcinoma
44	85	14563	1	FSC	no positive block
45	86	00207			consult slides
46	86	00512			consult slides
47	86	01186	1	FSE, (FSC)	
48	86	01978			1)3,4,8,10 missing
49	86	02482			1)1 missing
50	86	02964	1	7	
51	86	04843	2	FSC	
52	86	08733			no DCIS-DC
53	86	08826			no DCIS-DC
54	86	09311		5	
55	86	09553		8	
56	86	11104			no carcinoma
57	86	11924			no carcinoma
58	86	12332			no CIS-DC
59	86	13282			consult
60	86	14818			1)5,6,7 missing
61	86	18226	1	2FSC	
62	87	00349		3	
63	87	00440			no CIS, block missing
64	87	00597		2	
65	87	01424		8	
66	87	02542	1	3	
67	87	02832			no CA
68	87	02853		2	
69	87	04034	1	1P	
70	87	04741		6	
71	87	04891			no carcinoma
72	87	07358			blocks missing
73	87	07607		39	
74	87	07700			block missing
75	87	10148	2	2	
76	87	10511		1	
77	87	11044		16	
78	87	11726		3	
79*	87	12290		10	
80	87	12757			no CA
81*	87	13257		2	
82	87	13967			FS missing blk
83	87	16148	1	13UIQ	
84	87	16617	1	4	
85	87	16722	1	2	
86	87	17081		2	
87	87	18509		2,3	
88	87	18636	1	1	
89	88	00379		3	
90	88	00504		2	

91	88	00562	1	3&4	
92	88	00877			blocks missing
93	88	02632	1	FSC	
94	88	04102	1	3	
95	88	05129		9	
96	88	05393			no ca 3/30
97*	88	05404	1	3FSC	
98	88	07083			5/16 no ca
99	88	08703	1	4,3	
100	88	09126	1	1FSC	
101	88	09823			blocks missing
102	88	11545	1	2FSR	
103	88	12981			no ca 3/30
104	88	13428		10	
105	88	14121		3FSR	
106	88	15206			5/16 No ca
107	88	15206			duplicate case
108	88	15233	1	3	
109	88	16404		4	
110	88	16782	1	7IN	
111	88	18044			blocks missing
112	88	18081		3	
113	88	18121	2	1	
114	88	18866	3	7	
115	88	19101	2	FS	
116	88	19190	1	2FSB	
117	88	19340	1	1P	
118	88	19492	1	1FSC	
119	88	19664	1	1FSA	
120	88	19805	1	5	
121	89	00917	1	11LOQ	
122	89	01521			blocks missing
123	89	03321		2	
124	89	04246			consult slides
125	89	05040		10	
126	89	05113		4	
127	89	06593		10	
128*	89	07212	1	2	
129	89	07282		3	
130	89	08466		2	
131	89	10354	1	5R	
132	89	10956	1	18UOQ	
133	89	11172		2	
134	89	11914	1	4	
135	89	13587		2FSR	
136	89	13909			blocks missing
137	89	14049		2FSR	
138	89	14183	1	8UOQ	
139	89	14783			blocks missing

140	89	15633	2	3	
141	89	15747	1	3	
142	89	16035			5/16 no ca DC
143	89	16772	1	25	
144	89	18615	1 2	1 2	
145	89	18727			DC no CIS 1)2 and 3, 2)1 and 2,
146	89	19439			case missing
147	89	19797		7F	
148	89	20482			blocks missing
149	89	21277	1	3	
150	89	21951			no carcinoma
151	90	00908		2	
152	90	01181		12	
153	90	01592	1	2	
154	90	02095	3	2	
155	90	03725	1	14UIQ 3BS	
156	90	04619	2	1	
157	90	04848		11	
158	90	05866		7	
159	90	06534	1	2FSR	
160	90	07512	1	21FSR 6FSR	
161*	90	08697	1	4, 8B7	
162	90	10624	3	2	
163	90	10952			no carcinoma
164	90	10990		4FSR	
165	90	11051			5/16 no ca DC
166	90	11423			blocks missing
167	90	11556		4	
168	90	12393		6	
169	90	13194	1	1FSA	
170	90	13292			blocks missing
171	90	13369	2	6	
172	90	16283	1	2FSB	
173	90	17364		4R	
174	90	19382	2	6F	
175	90	19903	1	1	
176	90	21082	1	2	
177	90	21362	1	1	
178	90	22185			blocks missing
179	91	00408	1	15T	
180	91	00697	1	5	
181	91	01064			no CA
182	91	01630		11	
183	91	02369			liver tumor
184	91	02403		13R	
185	91	03550		7FSR	
186	91	04669			no DCIS

187	91	05114		4FSR	
188	91	05614		7	
189*	91	06042		3S	
190	91	06228		13FSR	
191	91	07339		5F	
192	91	07404		4FSR	
193	91	08170	1	5FSR4	
194	91	08877			no carcinoma
195	91	08890		10UIQ	
196	91	09446		2	
197	91	10557	1	1)3fsrA	
198	91	10815		9LOQ	
199	91	11607		10	
200	91	12325	1	1P	
201	91	12438			blocks missing
202	91	14362	2	4	
203	91	14970	1	a	
204	91	15500		b	
205	91	17684	1	3, 2	
206	91	17731			blocks missing
207	91	18903		3	
208	91	19349	1	2	
209	91	21117	1	3R	
210	91	21341			no ca
211	91	21417	2	1FSC	
212	91	21864		12TV	
213	91	22081		1	
214	92	00702	1	1FSC	
215	92	01351		5	
216	92	01514		1	
217	92	01632			invasive Ca
218	92	02372			8/24 No T in any block
219	92	02668			invasive Ca
220	92	02879			colonic mucosa
221	92	03789		5R	
222	92	04574		1	
223	92	04745		2FSR	
224	92	05063			colon
225	92	05359			no carcinoma
226	92	06150		3R	
227	92	06970		2T	
228	92	07772			no carcinoma
229	92	11559		3Y	
230	92	15331			invasive Ca
231	92	15987		6DS	
232	92	18367		2P	
233	92	20759			invasive Ca
234	92	20809			invasive Ca
235	92	21351	2	4TB	

236	92	21410		2, 3	
237	93	01570			no carcinoma
238	93	07697		25PLQ	
239	93	08435		3	
240	93	08998	2	6BTB	
241	93	10057		2CAIc	
242	93	13767		3MID	
243	93	18798		X3, 2X	
244	93	18949			no carcinoma
245	94	00790		1B	
246	94	01404		5T	
247	94	02611		2	
248	94	05074		2P, ?3P	
249	94	07456		3B2	
250	94	08384			Paget disease
251	94	09657		1X	
252	94	11872			invasive Ca
253	94	12671			invasive Ca
254	94	12709			no carcinoma
255	94	12912			invasive Ca
256	94	14455	1	14TF (TS?)	

Notes: No carcinoma= in blocks on hand, no remaining DCIS; invasive CA=DCIS plus invasive carcinoma

Appendix 18: Immunostaining Procedure, Frozen Specimens

Day 1

Cut sections at 6 microns, place on silane-coated slides, fix for 10 minutes in cold (-20° C) acetone, and allow to dry overnight at room temperature.

Day 2

1. Transfer slides quickly to a bath of PBS.
 - wash in PBS for an additional 2 changes.
 - tissue should NOT be allowed to dry after this step
2. Block in 2% BSA/PBS for 30 minutes.
 - wipe around sections WITHOUT allowing tissue to dry out.
3. Normal suppresser serum ~ 30 minutes.
 - aspirate serum WITHOUT leaving tissue dry.
4. Primary Ab: pipette 1 to 2 drops of the primary antibody onto sections and incubate 60 min. at RT (for most 1° antibodies) OR overnight at 4°C.
 - incubate slides in a humidity chamber for either time.

Day 2 or 3

5. Rinse slides:
 - 3x - PBS
 - 1x - 0.01% Triton X-100/PBS
 - 1x - PBS
6. Place in bath of 2° Ab:
 - 20 minutes - anti-mouse
 - 15 minutes - anti-rabbit
7. Rinse as in Step 5.
8. Quench in 1.0% H₂O₂/PBS for 10 min.
9. Rinse 3x - PBS
10. Label [3° - Streptavidin-peroxidase (SAP)]:
 - 20 min. monoclonal primary Ab
 - 15 min. polyclonal primary Ab
11. Rinse:
 - 3x - PBS
 - 3x - 0.01% Triton/PBS
 - let slides sit in 1st Triton/PBS for 2 minutes prior to Step 12
12. Chromogen - diaminobenzidine tetrahydrochloride (DAB), **carcinogen!!**

DAB - (must be filtered before use)

- place slides into DAB bath. After 2 minutes, remove control slide, **rinse briefly in running DH₂O**, and check under the microscope for proper color development. Estimate additional time required for experimental slides.

If reaction time was not sufficient:

- Place slides back into 0.01% Triton/PBS bath for 2 min.
- then place back into DAB bath

13. After reaction time is sufficient

- allow slides to rise in running DH₂O for 5 minutes.

14. Counter stain:

- Mayer's hematoxylin - 30 seconds
rinse in tap H₂O 2 to 3 minutes
- Ammonia H₂O - dip until blue
rinse in tap H₂O 2 to 3 minutes

15. Place slides into the following baths:

- 100% EtOH
- 100% EtOH
- 100% EtOH
- 50/50 - 100% EtOH/Xylene
- Xylene
- Xylene
- Xylene

16. Coverslip with a permanent mounting media (i.e. Permount)

Appendix 19

N. Report Name: TEST TUMOR REGISTRY SHORT REPORT
STYLE. Report Style: I
SCAN. Scan Record: SPECIMEN (RECORD)
T. Scanner: SPECIMEN SEARCH, BY DATE SIGNED OUT
SHOW. Print Record: SPECIMEN (RECORD)
---Selection Criteria---
SL1: CANCER
SL2: CANCER IN CDX
SL3: CARCINOMA IN CDX
---Definition of Criterion---
D1: CANCER
FLD. Use Field: SNOMED CODE
OP. Operator: BETI
ALPH. Alphabetic Comparison? Y
BETL. Between (Lower Bound): M80000
BETH. And Between (Upper Bound): M99701
HMI. How Many Instances: SOME
D2: CANCER IN CDX
FLD. Use Field: CLINICAL DIAG & HISTORY
OP. Operator: CON
CON. Search for value containing: CANCER
HMI. How Many Instances: SOME
D3: CARCINOMA IN CDX
FLD. Use Field: CLINICAL DIAG & HISTORY
OP. Operator: CON
CON. Search for value containing: CARCINOMA
HMI. How Many Instances: SOME
---Print fields---
PRINT1: ACCESSION NUMBER
PRINT2: PAT NAME
PRINT3: PAT MEDICAL RECORD #
PRINT4: PAT SEX
PRINT5: PAT BIRTH DATE
PRINT6: SPECIMEN COLLECTION DATE (PART 1)
PRINT7: ACCESSION DATE (system assigned)
PRINT8: SNOMED CODE
PRINT9: ICD9 CODE (HICDA)
PRINT10: YALE CASE TYPE (abbreviation only)
PRINT11: SPEC ATTENDING (1ST) NAME
PRINT12: SERVICE/DEPARTMENT
---Sort Fields---
PURG. Version days: 14
DSF. Sort Format: F
FF. Formatting Options:
PH. Page Header Option: N
---Formatting at Each Sort Level---
FT. Formatting for the Total Line:
NOPNT. Suppress Print? Y
CNTP. Include Count Prefix? Y
TAB. Horizontal Tab Position: 0
LS. Vertical Line Spacing: 2
SN. Sort Value: Total
FDL. Formatting for the Detail Line:
LSF. Line Spacing for the First one: 1
LSS. Line Spacing after the First one: 1
SCOL. Starting Tab Position for Columns: 0
---Formatting for each Column---

FC1: Specimen Number

FCH. Formatting for the Column Header:

TAB. Horizontal Tab Position: 0

---Header Text---

HD1: Specimen

HD2: Number

FCC. Formatting for the Column Contents:

TAB. Horizontal Tab Position: 0

DLN. Detail Line Number: 1

WID. Column Width: 10

JUS. Justification: L

FILL. Fill Characters:

TNK. Truncate? T

FC2: Patient Name

FCH. Formatting for the Column Header:

TAB. Horizontal Tab Position: +10

---Header Text---

HD1: Patient Name

FCC. Formatting for the Column Contents:

TAB. Horizontal Tab Position: 10

DLN. Detail Line Number: 1

WID. Column Width: 20

JUS. Justification: L

FILL. Fill Characters:

TNK. Truncate? T

FC3: Hospital Number

FCH. Formatting for the Column Header:

TAB. Horizontal Tab Position: +20

---Header Text---

HD1: Hospital

HD2: Number

FCC. Formatting for the Column Contents:

TAB. Horizontal Tab Position: 30

DLN. Detail Line Number: 1

WID. Column Width: 10

JUS. Justification: L

FILL. Fill Characters:

TNK. Truncate? T

FC4: Sex

FCH. Formatting for the Column Header:

TAB. Horizontal Tab Position: +10

---Header Text---

HD1: Sex

FCC. Formatting for the Column Contents:

TAB. Horizontal Tab Position: 40

DLN. Detail Line Number: 1

WID. Column Width: 7

JUS. Justification: L

FILL. Fill Characters:

TNK. Truncated? T

FC5: Date of Birth

FCH. Formatting for the Column Header:

TAB. Horizontal Tab Position: +7

---Header Text---

HD1: Date of

HD2: Birth

FCC. Formatting for the Column Contents:

TAB. Horizontal Tab Position: 47

DLN. Detail Line Number: 1
 WID. Column Width: 10
 JUS. Justification: L
 FILL. Fill Characters:
 TNK. Truncate? T
 FC6: Collection Date
 FCH. Formatting for the Column Header:
 TAB. Horizontal Tab Position: +10
 ---Header Text---
 HD1: Collection
 HD2: Date
 FCC. Formatting for the Column Contents:
 TAB. Horizontal Tab Position: 57
 DLN. Detail Line Number: 1
 WID. Column Width: 10
 JUS. Justification: L
 FILL. Fill Characters:
 TNK. Truncate? T
 FC7: Accession Date
 FCH. Formatting for the Column Header:
 TAB. Horizontal Tab Position: +10
 ---Header Text---
 HD1: Accession
 HD2: Date
 FCC. Formatting for the Column Contents:
 TAB. Horizontal Tab Position: 67
 DLN. Detail Line Number: 1
 WID. Column Width: 10
 JUS. Justification: L
 FILL. Fill Characters:
 TNK. Truncate? T
 FC8: Snomed Code
 FCH. Formatting for the Column Header:
 TAB. Horizontal Tab Position: +10
 ---Header Text---
 HD1: Snomed
 HD2: Code
 FCC. Formatting for the Column Contents:
 TAB. Horizontal Tab Position: 77
 DLN. Detail Line Number: 1
 WID. Column Width: 10
 JUS. Justification: L
 FILL. Fill Characters:
 TNK. Truncate? T
 FC9: ICD9 HICDA Code
 FCH. Formatting for the Column Header:
 TAB. Horizontal Tab Position: +10
 ---Header Text---
 HD1: ICD9
 HD2: HICDA
 HD3: Code
 FCC. Formatting for the Column Contents:
 TAB. Horizontal Tab Position: 87
 DLN. Detail Line Number: 1
 WID. Column Width: 6
 JUS. Justification: L
 FILL. Fill Characters:
 TNK. Truncate? T

FC10: Case Type

FCH. Formatting for the Column Header:

TAB. Horizontal Tab Position: +6

---Header Text---

HD1: Case

HD2: Type

FCC. Formatting for the Column Contents:

TAB. Horizontal Tab Position: 93

DLN. Detail Line Number: 1

WID. Column Width: 4

JUS. Justification: L

FILL. Fill Characters:

TNK. Truncate? T

FC11: Attending MD

FCH. Formatting for the Column Header:

TAB. Horizontal Tab Position: +4

---Header Text---

HD1: Attending MD

FCC. Formatting for the Column Contents:

TAB. Horizontal Tab Position: 97

DLN. Detail Line Number: 1

WID. Column Width: 20

JUS. Justification: L

FILL. Fill Characters:

TNK. Truncate? T

FC12: Service

FCH. Formatting for the Column Header:

TAB. Horizontal Tab Position: +20

---Header Text---

HD1: Service

FCC. Formatting for the Column Contents:

TAB. Horizontal Tab Position: 117

DLN. Detail Line Number: 1

WID. Column Width: 15

JUS. Justification: L

FILL. Fill Characters:

TNK. Truncate? T

TO: Members of the Tissue Committee

FROM: Robert J. Levine, M.D.

SUBJECT: Meeting of June 10, 1996

MEMBERS PRESENT: J. Costa, S. Katz, M.J. Mahoney, C. Howe, A. Holder, S. Rockwell, V. Roddy, and R.J. Levine

MEMBERS ABSENT: K. Kidd

We met from 3:30-5:00 PM. The primary topic on the agenda for this meeting was category 4 (from the minutes of April 29, 1996). This consists of research in which the investigators have the identifiers linked to the research data.

In general, in this category, the investigator already has the names and wants to maintain a 2-way link so that he or she can match research results with clinical data. The investigator may have already done a medical record review with HIC approval (expedited review) in order to identify appropriate patient-subjects.

The discussion was a general discussion designed to facilitate the development of revised HIC Guidelines.

It was agreed that, in general, we should attempt to encourage investigators to move toward a 1-way linkage rather than maintaining personal identifiers in connection with the research records. It was recognized, however, that in some cases this cannot be done.

The easiest type of protocols to review in this category of research will be protocols in which there is no possibility of identifying new diagnostic or prognostic information. By "new," we mean information that the patient and his or her family did not know about previously.

If there is any anticipation of new diagnostic or prognostic information, this should, in general, be reflected in the consent form.

In general, any new diagnostic information should not be divulged to subjects or their treating physicians unless they have gone through the committee and procedures described at our meeting on May 20, 1996. (It was observed that even now it is becoming unusual for researchers to feed back information to patients or treating physicians unless the laboratory or the test has CLIA approval. This should reduce the likelihood of having to disclose the possibility of developing new knowledge.)

It was agreed that to the extent we can guarantee no feed back to patients without CLIA approved tests or committee review the need to promise not to develop new diagnoses will decrease. In general, feed back to patients should be in the form of advice to get a commercial test.

There was some discussion of who would have the obligation to feed back diagnostic information or advice to get a commercial test to the patients. It should be the researcher only if he or she also happens to be the treating physician. In other cases it will be necessary to select the most appropriate people to do this job.

In general, this selection should be the responsibility of the committee that determines the need for divulging test results.

The revised Guidelines should cover the following distinct categories:

1. The investigator already has the names either because the subjects are his or her own patients, because they have been obtained through surgical pathology, or they have been found on a review of medical records.

2. The investigator does not have the names but wants them from the keeper of the repository (e.g., Critical Technologies).

3. The "coadventurer" category. This term is used to apply to a situation in which the investigator is working very closely with a patient and his or her family or a small number of families. The investigator is conducting a systematic search for something that will be of interest to the families. We must acknowledge that in such cases the families are often kept informed of the progress of the research so far. Our Guidelines should recognize the fact these families may be scattered all over the world. A case in point for this "coadventurer" category is the recent Canavan project.

There was some discussion of who should take responsibility for feeding information back to individual patients. Already mentioned was the committee that decides whether and what information should be fed back. Other candidates were mentioned none of which were totally satisfactory: HIC, Hospital Bioethics Committee, Medical Records Committee. The one model that seemed

closest to having the types of expertise needed is the University Biosafety Committee. It has well-informed scientific experts (among others) who are accustomed to dealing with specific problems presented by specific projects.

Our next meeting will be on July 15, 1996 from 3:00 PM to 4:30 PM in the Medicolegal Conference Room. Please note that this next meeting is one-half hour earlier than usual.

The agenda for this meeting will depend upon the availability of members. It will be either a discussion of Ken Kidd's list of problems presented by his own research or Chris Howe's explanation of what is actually going on now and what would be necessary (resources, personnel) to improve this system.

TO: Members of the Tissue Committee

FROM: Robert J. Levine, M.D.

SUBJECT: Meeting of May 20, 1996

MEMBERS PRESENT: S. Katz, M.J. Mahoney, C. Howe, A. Holder, S. Rockwell, V. Roddy and R.J. Levine

MEMBERS ABSENT: K. Kidd and J. Costa

We met from 3:00-4:30 PM. Nearly all of the meeting was devoted to whether we should revise the statement in the patient information brochure regarding access to medical records.

We were advised that these brochures were currently being revised. At present the only statement having to do with research routinely done without consent is concerned with medical records. There is no statement of routine use of tissues or body fluids.

V. Roddy agreed to send copies of the relevant passage from the patient information brochure to members of the Tissue Committee.

C. Howe reported that her position on what we should do about this statement has changed as a consequence of having attended the recent PRIM&R meeting in Boston. Based upon what she heard at that meeting she now opposes feedback of any diagnostic information to patients, treating physicians, or medical records unless the test has been performed in a licensed laboratory.

M.J. Mahoney proposed that ordinarily we should not tell patients or treating physicians the results of tests performed in research laboratories. Rather, in the very unusual circumstances in which it is considered appropriate to feed something back to the patients, it should be in words to the following effect: "We found something in doing our research and we are not confident in the results (provide reasons). Therefore, we ask your permission to repeat this test (or similar tests) in a proper clinical laboratory."

In the light of today's discussion, it was agreed that we should reconsider the decision reached at the meeting of April 29 (page 2 B.) It should be made clear that what we decided at our last meeting applies only to nominal data-sets that are maintained for research purposes. Nothing should be fed back to nominal data-sets maintained for patient care purposes without review and approval of the review group specified in paragraph C.

After considerable discussion it was agreed that we should make the following recommendations to the appropriate persons in hospital administration:

The statement about research use of medical records should be extended to include a statement about research use without informed consent of tissues and body fluids removed for clinical testing or at surgery or autopsy.

This statement should be presented to all patients -- both in patient and out patients. (V. Roddy informed us that this is what is intended.)

We should further recommend that statements to this effect

should be made available to institutions and health care personnel that take samples from patients who are not necessarily registered at Y-NHMC; these statements should be provided when samples of tissue or body fluids are taken from such patients and sent to Y-NHMC for analysis or examination.

The above recommendations were adopted by unanimous vote.

There was also a consensus that there should be no elaboration of any of these statements to (in the words of the notes on our April 29 meeting) "provide a more complete account of what tissue research is all about."

The next meeting will be on Monday, June 10, 1996 at 3:30-5:00 PM. The location of the meeting will be announced when it has been determined.

Yale University
The School of Medicine

Robert J. Levine, M.D.
Professor of Medicine
Room IE-46 SHM
333 Cedar Street
P.O. Box 208010
New Haven, Connecticut 06520-8010



Fax: 203 / 785-2847

TO: Members of the Tissue Committee

FROM: Robert J. Levine, M.D. *RJL*

SUBJECT: Meeting of April 29, 1996

MEMBERS PRESENT: S. Katz, K. Kidd, M.J. Mahoney, C. Howe,
A. Holder, S. Rockwell and R.J. Levine.
V. Roddy arrived during the last half
hour.

MEMBERS ABSENT: J. Costa

We met from 3:30-5:00 PM. We began by handing out notes on the last meeting of March 11, 1996. Appended to these notes was Levine's first draft of a policy for the use of tissues stored in nominal files.

Members of the group were asked to review the notes of the April 1 meeting and to send corrections to R. Levine.

The remainder of the meeting was devoted to a review and critique of the draft policy.

The draft policy has three separate categories of research activity: 1) anonymous; 2) non-nominal-linkable (one-way link); and 3) the investigator already knows the identity of the patient.

It was agreed that we needed a fourth category -- viz, 4) the investigator already has names and wants to maintain a two-way link because it is essential to match his or her results with clinical data. The investigator may have secured the names from his or her review of medical records.

It was agreed that category #1 (anonymous) required no further work at this point.

The remainder of our discussion focused on category #2 (non-nominal-linkable) (one-way link)). Following is an account of corrections or revisions to which the committee agreed:

B. General description of the information....

In this sentence the word "the" before "nominal" should be changed to "any." It should further be specified that no data derived from studies on these specimens should be entered into medical records without the consent of the treating physician and the patient. Also, it was decided that plans to feed back information to any nominal data-set should specify those data sets to which information is to be supplied.

C. Some review group should be available....

With regard to the review group it was decided that it should have a high degree of authority and that such authority should be mandated by the Dean and the President-CEO of Y-NHH. It was further decided that there should always be a strong presumption against feeding information back to treating physicians or patients or both. This strong presumption should be worded in suitable language and made available to "subjects."

The review group should also be reminded to make necessary distinctions between what would be told to parents, to children including adolescents, or both.

D. Support is necessary for personnel....

It was agreed that this statement should be revised to end "truly non-nominal and linkable."

A. No informed consent. Following is a brief account of an issue that requires further deliberation. As yet the Tissue Committee has reached no consensus on this issue.

Since there is to be no informed consent it may be necessary to elaborate the patient information brochure to provide a more complete account of what tissue research is all about. There should, perhaps, be a statement of the possibility of unanticipated feed-back of information having diagnostic or prognostic import. Most members agreed that this should be considered a "cya" maneuver. This point notwithstanding, a majority felt that this is something we probably should do.

The next meeting will be on Monday, May 20, 1996 at 3:00-4:30 PM. (Please note that this one-half hour earlier than usual). The meeting will be in the Medicolegal Office Conference Room.

Enclosure for absentee: Notes of meeting of April 1, 1996 and attachments.

Tissue Committee -- Meeting of April 1, 1996.

We met from 3:30-5:00 PM. The following members were present: S. Katz, K. Kidd, M.J. Mahoney, C. Howe, A. Holder, V. Roddy and R.J. Levine. Absent were J. Costa and S. Rockwell.

We began by handing out notes on the last meeting of March 11, 1996.

The entire meeting was devoted to a discussion of item 2 in the notes of the March 11 meeting. That is, we discussed the problems related to the establishment of "one-way links."

Early in the course of our discussion, it became clear that we were not going to be able to reach the necessary conclusions on this topic. We decided instead to have a free-ranging discussion of the issues. Based upon this discussion, R.J. Levine agreed to draft an overall policy relating to "one-links." Our discussion focused on what is going on now as well as what ought to be going on in the future.

C. Howe advised us that when people borrow materials from Critical Technologies, typically the slide has the surgical pathology number on it. However, the PI is asked not to record this number in the research laboratory notebook.

C. Howe further pointed out that in at least 50% of the cases handled by Critical Technologies, the PI is also the treating physician.

Critical Technologies typically responds to a request for several samples by selecting the requisite number of samples from their files, removing the "identifying" numbers and turning them over to the investigators with unique numbers on them. At the time

this is done an entry is made in the CT log to the following effect: On (date) we gave to Dr. X samples of the following specimens: (At this point the surgical pathology numbers are entered into the log.) When this is done it is -- in almost all cases -- impossible to reestablish links between particular specimens and personal identifiers.

C. Howe went on to state that in unusual cases she does create "one-way links". When she does this it is much more work for the Critical Technologies staff.

C. Howe pointed out that there is yet another type of procedure they follow. This is for cases in which the PI either has or wants the personal identifiers. In that case a HIC protocol is required. In such cases Critical Technologies generally asks of the investigators that they do the linking themselves.

It was further pointed out that some investigators do research on their own patients without going through Critical Technologies. It was conceded that we do not know how many of them contact the HIC in such circumstances.

K. Kidd pointed out that when a researcher does such research on specimens from his or her own patients there is no earthly reason not to have full-fledged informed consent. Others commented that it might be complicated going back to get full-fledged informed consent from a patient whose tissue was removed at surgery a long time ago.

"Medical relevance" was mentioned as a criterion for determining the necessity for consent.

M.J. Mahoney said it was important to balance the interests of science with the autonomy interests of patients. S.L. Katz agreed with this. However, in the ensuing discussion it appeared that M.J. Mahoney would be inclined to tip the balance a bit more toward science and S.L. Katz would tip it somewhat more toward patients' autonomy.

M.J. Mahoney offered some criteria for waivers of the informed consent requirement: 1, there should be an avoidance of politically and socially sensitive issues; and 2, the probability of injury should be approaching zero.

The next meeting will be held on April 29 from 3:30-5:00 PM. The room remains to be determined.

Anonymous: Apply to HIC for confirmation of exemption.

Non- nominal - linkable (one way link):

These can be handled as extensions of the Critical Technologies protocol.

No informed consent.

General description of the information to be fed back to the nominal data - set should be provided and approved in advance.

Some review group should be available to provide independent assessment of situations in which it is necessary to decide whether to feed back information to treating physicians, patients or both.

Support is necessary for personnel to make specimens truly non-nominal

If the investigator is also a treating physician and -- for good reasons--already knows the identity of the patient.

The following is required.

HIC review.

Full informed consent.

Commitment not to develop information that could lead to diagnosis of a disease other than that which the patient-subject knows he or she has -- unless:

Plans for what to do with new diagnostic information (whether or not to tell patients and/or their treating physicians) are:

* reviewed and approved by HIC.

* detailed in the consent process.

OR

Secure plans are made to render the specimen anonymous or non-nominal and linkable (one-way link). In the latter case, handle like all non-nominal-linkable.

Tissue Committee -- Meeting of March 11, 1996.

We met from 3:30-5:00 PM: The following members were present: S. Katz, M.J. Mahoney, C. Howe, A. Holder, V. Roddy and R. Levine. Absent were J. Costa and K. Kidd.

We began by handing out copies of the forms that had not been circulated with the notes on the meeting of January 12. These forms are identified as enclosures for absentees (below).

Next we agreed on a priority list for items on our agenda:

1. Review YNHH forms and agree on what recommendations we would make regarding these forms.

2. Discuss the issues around feeding back research data (non-nominal) through "one-way links" to the nominal files maintained by Critical Technologies or others. Discussion of this topic must include decisions about what types of information are to be passed along to treating physicians and/or patients.

3. A review of the list of activities prepared by K. Kidd.

At this meeting we were able only to deal with agenda item #1. Following is an account of the understandings we reached. (I am concerned that some of these notes may not be entirely accurate. Accordingly, I request feedback on these from those who were present.)

We began by examining the YNHH form: "Permission for Operation or Special Procedure." We concerned ourselves only with the paragraph beginning: "I authorize...." The only word we found problematic in this paragraph was "anonymous." We agreed that it would more accurately represent our policies and practices if we deleted this word and replaced it with language to the following

effect: In some cases medical information may be released along with the specimen. This would be done under the protection of medical confidentiality standards.

We reviewed the history of the word "anonymous." This was inserted in our forms at the insistence of the U.S. Army (K. Smith). This insistence took place in the course of our negotiations over the breast cancer grant.

It was agreed that we should now contact K. Smith once again. We should advise her that in the course of our discussions (sponsored by the supplemental grant) we have found that the word "anonymous" is problematic. We should ask her permission to make the substitutions specified above.

If we get that permission we should then recommend this change to the YNHH Clinical Information Committee.

It was further agreed that the same language should be presented on the forms authorizing post-mortem examinations, abortions, and elective sterilizations.

Attention then turned to a consideration of using "left-over" specimens of blood and body fluids and also cytology specimens. It was pointed out that most of these samples were obtained in the absence of written documentation of "permission" or "consent." It was agreed that any forms that would be used to document permission should include the same paragraph discussed above in connection with the permissions for operation or special procedures.

In most other cases the necessary notices could be included in the YNHH Patient Information Brochure. One exception was identified.

Researchers who wish to investigate "identifying genetic and other properties of individual fluids or cells will require written documentation of permission. This written documentation should include the same paragraph as will appear on the "Permission for Operation or Special Procedure" forms.

One additional problem was discussed. In some cases researchers secure tissues from (eg) Critical Technologies which are labeled with "unique research numbers." Simultaneously, they get approval to review the records of patients from whom these tissues were removed. At times they apply to Critical Technologies already knowing the names of the patients. They may know them as their own patients or they may have secured their names from the Tumor Registry. Activities of this type cannot be considered "anonymous." It will be necessary to discuss this at a future meeting.

The next meeting of the Tissue Committee will be on April 1, 1996 from 3:30-5:00 PM in Room 230 CB.

Enclosures for absentees: YNHH forms: Permissions for abortion, for post-mortem and for elective sterilization

Tissue Committee - Meeting of February 12, 1996.

We met from 3:30 - 5:00 PM; The following members were present: S. Katz, M.J. Mahoney, J. Costa, K. Kidd, C. Howe, A. Holder, V. Roddy, and R. Levine.

The meeting began with a review of various materials that had been provided to R. Levine for consideration for circulation to the Committee. It was agreed that we should select those that were most important and circulate them to Committee members. This will provide us all with a common body of knowledge as we do our work. The list of articles (etc.), is presented below as enclosures. All but the last two entries on that list is what we agreed would be the core materials.

We also have a copy of the report of the Nuffield Council on Bioethics publication: Human Tissue; Ethical and Legal Issues. Committee members who want a copy of this should contact R. Levine.

K. Kidd - who is about to go away - agreed to provide some materials for our consideration. His outline of studies going on in his laboratory is enclosed.

Discussion then turned to a draft of the "interim" policy, dated October 14, 1994. A copy of this policy with annotations by C. Howe, and K. Kidd, was handed out at the meeting. It was agreed that all of the changes and additions they proposed should be reflected in our final policy. It was also agreed that some terms used in their revision require careful definitions - e.g., "chain of custody".

C. Howe pointed out that of the five numbered topics in the addendum she co-authored with K. Kidd, numbers 3 and 4 are central issues for Critical Technologies.

It was further agreed that we must soon deal with the following difficult issue: we must decide on a policy on feeding back, from researchers, through the one-way link maintained by Critical Technologies information developed by researchers to be added to the nominal files

maintained by CT. We also must consider circumstances under which information might be passed back to treating physicians and/or patients.

Finally, it was agreed that R. Levine should meet with V. Roddy to decide on recommendations to the Tissue Committee on forms used in the hospital. Following is an account of the decisions they reached in their meeting on February 19, 1996: We began by considering the YNHH "Permission for operation or special procedure form". A copy of this is enclosed.

We discussed whether or not the statement on the form should be extended to cover the possibility that links to identified information may be restored. We recommend to the Tissue Committee that this not be done. This would be much more information than the typical patient would want to deal with pre-operatively.

The language on the "autopsy" form is virtually identical. This form just got back from the printer. V. Roddy will make copies available to us.

Hospital administration is now debating whether there should be forms for blood and blood-products, or whether, instead, information about these should be added to the patient information brochure. Members of the Tissue Committee should consider whether they wish to provide advice on this topic. Genny Roddy is to update me about the patient information brochure which is now being revised.

The form for abortion has none of this language on it. This is because the language should be tailored to the specific research project, and that is left to the HIC.

Genny Roddy will provide us with copies of the abortion form for us to consider.

We further discussed what should be done about cytology specimens. These could either be covered in the brochure (which we recommend), or have a special form developed.

(The HIC has been dealing with proposals to do research on cytology specimens in a manner that is very similar to its dealing with tissue specimens (e.g. through Critical Technologies).

There is no need to develop any special forms or entries in the brochure for stillborns, or deceased newborns.

This ends the report on my meeting with Genny Roddy.

C. Slayman has appointed Sara Rockwell to represent the administration of the Medical School on the Tissue Committee.

Enclosures: Marshall, E.: Science, 26 January 1996

Kidd, J.R., et al: American Journal of Human Genetics, 32: 236, 1980

HUM-MOLGEN: 24 Jan. 1986

Knoppers, B.M., et al: JAMA 13 Dec. 1995.

Clayton, E.W., et al.: JAMA 13 Dec. 1995.

Grody, W.W.: Diagnostic Molecular Pathology 4(3):155, 1995.

Ken. Kidd: Outline of studies in his lab.

Permission for Operation or Special Procedure Form [F 1696 (Rev. 7/94)]

Tissue Committee -- meeting of January 29, 1996.

We met from 2:30-3:45 PM; the following members were present: S. Katz, M.J. Mahoney, J. Costa, K. Kidd, C. Howe, A. Holder and R. Levine.

The meeting began with a review of where we left off on December 12, 1994. The notes on that meeting indicate that R. Levine and V. Roddy would get together to revise the notification statements in our various forms. This has not yet been accomplished. It was agreed that R. Levine must draft these notification statements soon. If V. Roddy is not available to assist, another person should be recruited -- one who can represent the interests of the Hospital Administration.

We then proceeded to review some of the definitions in the draft interim policy (October 14, 1994). It was pointed out that "non-nominal" cannot include the hospital record number as it is so widely disseminated. The same situation obtains with other widely used numbers such as the surgical pathology number. The definition of "non-nominal" must make it clear that this category includes only those items that the researcher cannot link to personal identifiers without the help of the pathologist. That is, the code must be virtually unbreakable without the help of the surgical pathologist (or other keeper of the code).

It was observed that some people are taking advantage of the ambiguity of our definition. This is particularly problematic when one individual serves in two roles -- that of caretaker of the medical or pathology records and that of researcher.

K. Kidd pointed out that it was necessary for us to be responsive to some problems that may be generated by researchers in population genetics. C. Howe pointed out that there could be similar problems in dealing with surgical specimens. (The latter is mentioned in paragraph 4 of the notes on our meeting of December 12, 1994.) C. Howe and K. Kidd are to consult with one another and then advise R. Levine on how the definition could be revised so as to avoid such problems.

It was agreed that a good time for us to meet would be on Monday from 3:30-5:00 PM. In general we should be pointing toward having meetings once every three weeks. Our next meeting will be in two weeks; this is make sure that K. Kidd can be available before he leaves (he will be away February 14 through the end of March; he will also be away for the month of May.)

The next meeting will be on Monday, February 12 at 3:30-5:00 PM. The room is to be identified by K. Potter who will notify committee members.

R. Levine is to circulate materials in advance of the next meeting. This will include at least a revised draft of our guidelines.

Various members of the group accepted assignments to either feed information back to R. Levine or to provide documents. If these are to be circulated for the next meeting, R. Levine must receive them by February 5.

In order to prepare for the next meeting, members are requested to review the draft interim policy on the use of

pathological tissue specimens for research purposes (October 14, 1994) as well as the notes on our last meeting of December 12, 1994. Those who don't have these documents should request a copy from Kathy Potter.

K. Kidd advised us of an important paper written by Barthe Knoppers. This was written for the HUGO Ethics Committee, presented October 1995 and subsequently modified. It is concerned with legal issues in genetic testing of tissue samples. This is very scholarly. R. Levine is to get a copy of this paper for circulation to the committee members.

C. Howe is to find the report of the British Commission for us to make available to committee members.

C. Slayman is to be invited to appoint a liaison to our project.

Tissue Committee -- Meeting of December 12, 1994.

We met from 3:00 - 4:45 PM on December 12, 1994. All members were present.

In this draft I shall only comment on the actions that were taken and agreements that were reached.

The agenda was essentially the draft interim policy of October 14, 1994.

Page 1, definitions, paragraph 1: It is also necessary for us to be tuned in to subtle "linkages." For example, if some one took an anonymous spleen that was removed on a specific date, it is unlikely that more than one spleen would have been removed on that date. Other such subtle threats to anonymity must be mentioned in our final report.

Page 2, I: It should be made clear throughout this document that we are not only talking about the Pathology Department. We are also referring to any other place that specimens might be held and made available -- e.g., clinical chemistry, blood bank, dermatology department, and so on.

II, paragraph 1, last sentence: We should give some examples over who such people should be.

II, A: Once again, we must make it clear that we are not only talking about the Department of Pathology.

There is an error in the last sentence of this paragraph. It seems that this department must maintain links between their own specimens and those released for research purposes in order to meet their professional responsibilities. This is, of course, incorrect and must be changed in the next draft.

In the same section, we should specify what to do in cases in which the department does not need to maintain personal identifiers. In such cases, the PI would have the responsibility to deal with this problem. Our Guidelines should suggest that it might be a good idea to work out a deal with Critical Technologies. We are talking specifically about circumstances in which the investigator might want to have the capacity to link to clinical records or nominal data sets longer than the holder of the nominal data sets intends to maintain either the data set or the linkages. It is in these circumstances that the investigator must make arrangements to accomplish his or her purposes and to inform the HIC of these arrangements.

II, A, 1: To follow up on the last sentence we should make it clear that this requires a request to the HIC for an amendment.

II, A, 2: We must make it clear that this entire category requires HIC approval. In the last sentence of this paragraph, second line: Instead of "medical records," it should say "any nominal records."

II, A, 3: Delete the last sentence.

It was agreed that we need a separate category for all nominal data sets maintained by researchers for research purposes. As I get ready to do this, I should consult with K. Kidd.

I am to contact Ginny Roddy so that she and I together can revise the "notifications."

We must deal with the informed consent issues after Roddy and I have redone the notifications. Then we will see what else needs

to be consented to.

It was observed that we still have not worked out a HIC policy for these issues. Susan Katz and I will have to find a way to do this. Probably we will not involve most of the members of the Tissue Committee.

There is in the folder a copy of the new forms for YNHH which bear the "notifications." I am to review these before I get to work with G. Roddy.

I informed the group that we would continue to work on the present agenda and after that consider whether we wanted to take up topics suggested by (e.g., K. Kidd and H. Aaslestad).

(I must find C. Howe's letter and put it in the folder. I did not inform the committee that it is not there.)

DRAFT (October 14, 1994)

Interim policy on the use of pathological tissue specimens for research purposes.

This statement of policy supplements existing HIC policy on the use of "left over" samples of tissues removed from patients at surgery or at autopsy. Existing policy requires that no tissue is to be removed from the operating room or autopsy room without explicit permission from the pathologist responsible for the tissue. This interim policy is intended to provide guidance until a revised statement of policy has been prepared and adopted by the Human Investigation Committee and by the appropriate officials of Yale-New Haven Medical Center.

Definitions:

Information about persons may be classified as either unlinkable or linkable. Unlinkable information, commonly referred to as anonymous information, is impossible to link, associate or connect with the person to whom it refers. Any means that might have existed to connect the individual to the information have been irreversibly destroyed.

Linkable information may exist in one of three categories: Anonymous-linkable when the information cannot be linked to the person to whom it refers except by a code or other means known only to that person and the investigator cannot know the identity of the person unless that person takes the initiative in making himself or herself known. (This category is not relevant to the current policy and will not be discussed further.) Non-nominal, when the information can be linked to the person by a code (not including

personal identifiers); this code may or may not be available to the investigator (infra). Nominal, when the information is linked to the person by means of personal identification such as the name or the hospital record number.

Interim policy:

I. Unlinkable or anonymous specimens. When specimens are to be taken from the pathology department under conditions that make it impossible for anybody to connect the specimens to the individuals from whom they were obtained, the investigator must complete the short form prepared by the Program for Critical Technologies in Molecular Medicine. These forms will be eligible for expedited review by the HIC.

II. Non-nominal specimens. In each case it will be necessary to develop a unique identifying symbol (numbers or letters or some combination) that can be used to connect specimens and data from individual patients and subjects. These unique identifiers may be linked to personal identifiers by means of a code. Access to this code should be restricted to the smallest number of individuals that is reasonable.

A. In general, the code that links the unique non-personal identifying numbers developed for research purposes to personal identifiers should be retained only in the Department of Pathology. It is appropriate that personnel in the Department of Pathology be able to link specimens to individual personal identifiers. Indeed, the capacity to do so is necessary for them to carry out their professional responsibilities.

In this class of activity it is only necessary to state the conditions if any, under which there will be communication between researchers and pathologists and their respective data sets.

1. In some circumstances it will be necessary to reestablish links between the data sets in order to get more information from the nominal data sets maintained by the pathologists to add this information to the non-nominal data sets maintained by the researchers. If no personal identifiers are to be transferred to the research data set, no further action or justification is required.

2. In some cases it will be necessary to reestablish links between the two data sets to feed back information from the research data set to the nominal data set maintained by pathologists. Such activities will require more detailed review by the HIC. In particular, there must be careful consideration of what types of data, if any, will be incorporated in medical records and what types of data, if any, will raise the question as to whether patients or their personal physicians or both should be notified. In general, any proposal to include research data in medical records, or to provide research data to patients, or to their personal physicians must be reviewed and approved by the Human Investigation Committee.

3. Any proposal to reestablish linkages in a way that would make personal identifiers available to researchers must be first reviewed and approved by the Human Investigation Committee. In

some cases it may be appropriate to conduct expedited review of such proposals.

B. Proposals to provide access to investigators to the codes that will link non-nominal data sets with personal identifiers must be reviewed and approved by the Human Investigation Committee. In general, there will be a presumption against approval of such plans unless the investigator is also a health care professional who has professional responsibility for maintaining records containing personal identifiers.

Bibliography of publications and abstracts

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Emanuel, J. R., C. Damico, Susan Ahn, Dolores Bautista, and José Costa. 1996. Highly sensitive nonradioactive single-strand conformational polymorphism. Detection of Ki-ras mutations. *Diagnostic Molecular Pathology* 5 (3): in press.

Personnel receiving pay from the negotiated effort

José Costa, M.D.
Leticia deDios, M.D.
Judith Fine
Christine L. Howe, Ph.D.
Jon S. Morrow, M.D., Ph.D.
Monica Talmor, M.T.

Additional personnel receiving pay from the National Action Plan for Breast Cancer Supplemental Grant

Patricia Cunningham
Tracey Davison (replaced by Leni Kaplan)
Diana Fischer, Ph.D.
Robert Levine, M.D.